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Yarmouk University

Faculty of Economics and Administrative Sciences

Department of Business Administration

“The assessment level of self-disclosure in Jordan:

A case of cancer patients treated at King Hussein Cancer Center (KHCC)”

تقييم مستوى الافصاح الذاتي في الاردن: دراسة حالة لمرضى السرطان في مركز الحسين للسرطان

Supervised by: Prof. Jamal Abu-Doleh

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2014

MBA

"The assessment level of self-disclosure in Jordan:

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A thesis submitted to the Business Administration Department in partial fulfillment of the requirements for the degree of Master of Business Administration.

Approved by:

Prof. Jamal Abu-Doleh	**Chairperson**
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Dr. Hasan Aleassa	**Member**

Abstract

AL Ta'ani, Areen Othman, "The assessment level of self-disclosure in Jordan: A case of cancer patients treated at King Hussein Cancer Center (KHCC)", Master Thesis, Yarmouk University, Jordan, 2014. (Supervisor: Prof. Jamal Abu-Doleh).

This study aims to identify the assessment level of self-disclosure at the King Hussein Cancer patients and the extent of the presence of this kind of communication with the medical team providing the service. It also aims to find out the benefits of using the self-disclosure concept, and the main obstacles that reduce the concept of self-disclosure among cancer patients at the King Hussein Cancer Center. Results have been identified based on a questionnaire that was given to the study sample, which consisted of (420) active adult patients (more than 18 years) at King Hussein Cancer Center, were returned back out of (500) questionnaires distributed representing (84%). In light of these circumstances, there would be a chance to collect and analyze the data following the Statistical Package for the Social Sciences (SPSS).

The results of the study showed that on the overall scale self-disclosure level among cancer patients at Al Hussein Cancer Center was moderate; while patient self-disclosure to doctor had the highest rating; followed by self-disclosure to nurse and finally to cancer patient which had the least self-disclosure rating. Also, results indicated that the degree of self-disclosure related to cancer disease in general was higher than self-disclosure of personal issues on all dimensions of the study.

In addition, results revealed no statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, cancer type, length of disease, and length of treatment). Also, results revealed that self-disclosure practice had a high influence on decreasing fear and anxiety feelings, increasing patient self-awareness, increasing patient self-confidence, strengthening the interrelationship between patients and medical professionals providing the service and fast response to medication by patient among cancer patients at Al Hussein Cancer Center. In addition, results related to hindrances precluding self-disclosure among patients at Al Hussein Cancer Center indicated that only one item was rated with moderate degree of significance "Disease diffuses rate and development". The other hindrances were rated at a low significance degree.

Finally, the study closed with a set of important recommendations, which are summed up as follows: raise conscious of the health staff regarding self-disclosure concept, and providing them training on how to deal with that behavior practiced by cancer patients in order to create an environment encouraging self-disclosure behaviors, and hence reduce fear and anxiety feelings, and increase self-confidence and fast response to medications and to pay greater attention to communication and soft skills in recruitment standards and to behaviors of the medical professionals providing the service and concentrate on human resource issues in order to improve the quality of medical service provided. In addition, the researcher recommends developing training courses for the medical professional providing service in order to develop their communication and interrelationship skills and to study and analyze hindrances impeding self-disclosure practice and overcome them.

The final recommendations are: to increase the time devoted for each patient by the supervising doctor to allow him/her more time to express feelings and views and to fill the gap in studies addressing self-disclosure in general, and calls future studies to concentrate on self-disclosure at health service providing institutions in order to learn about the concept and practice of this approach. Also, the researcher recommends the educational sector in Jordan to pay greater attention to insert psychological concepts including self-disclosure concept within the university courses.

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Keywords: Self- disclosure, Stress, Anxiety, Health Care, Cancer, patients , King Hussein Cancer Center, Yarmouk University, Jordan.

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CHAPTER ONE

Introduction

CHAPTER ONE

1.1 Introduction

The goal of health services is social and economic development. The international community endorsed the Universal Declaration of Human Rights in 1948, which considered health of all individuals and peoples as a fundamental right. If this was the status of health for the whole world, it occupies more distinctive position for developing societies which establish its policies in these communities on the citizen as an objective and a means. Developing countries followed the government health policies by provision of health services and through give this aspect great interest in the development plans, (Mansour, 2004).

Jordan as one of the developing countries work on developing health services and raise the level of performance, and develop devices that provide health services during the past years significantly in all directions, both at public and private levels, and deploy those services geographically to all provinces in the Kingdom in order to allow citizens benefit from health service provided and make the service easily accessible to meet their needs, (www.who.int).

In Jordan also, the interest in health care is due to several reasons the most importantly it's one of the rights of citizens, comprehensive of health assurance for all Jordanians, improve the operating efficiency of health care system, and application of the accreditation standards. Due to increase in population growth, decrease in mortality rate, and increase in fertilization rate, all of the above factors contributed to increased pressure on the medical sector to be a competitive and to support the national economy, through increase efficiency level, and quality of health services provided by Ministry of Health. Development in the health sector includes a computerized system in order to enhance health services. Each hospital includes professional qualified medical staff that is able to communicate with all types of patients and understand their needs, desires and feelings to increase the effectiveness of treatment, (www.who.int).

The vital and integral part of health care is communication, effective communication directly enhances the quality of health care as a technical competence and it is needed to facilities the cooperation between health professionals and clients to empower the clients to make the best health care choices and to deliver high quality health care to match the clients expectations with

appropriate attitudes and behaviors. The care of patients is one of the most important objectives of health care because it reduces health risks and promotes healthiness. Through communication the patients will get out all of stress and anxiety and health promotion will provide relevant health information to resist health threats and responds to health problems. Health communication indicates how individuals in a society seek to maintain health and deal with issues during health care. The best way is providing the health professionals for promoting health awareness and providing health care services and gathering pertinent information from clients and increase compliance to treatment and facilities that deal with healthcare team. However, communication not only occurs between health professionals or role models and clients but also among clients themselves. Trust, control, empathy, self disclosure, and conformation are some variables contribute to success of health communication, (Servellen, 2009).

Self-disclosure is one of the recent concerns in the medical field, which emanates from the Human Resources studies. In fact, it is one of the most important sources that express the humans inside, their opinions, their feelings, their aspirations and their perceptions for the service. For this reason there was an urgent need to insert this concept cited from human resources into medical field, and keep up with global developments in the medical field to improve the quality of medical care provided, and taking into account the views of patients and their desires and aspirations for the best in medical care, which increases the quality and effectiveness in this sector, (Servellen, 2009).

1.2 Statement of the Problem

Individuals are an essential component of the organization and learning about how the individuals behave and think significantly affect the organization as a whole. As a result, the human behavior of individuals has become a major focus of the modern organizations in terms meeting needs of individuals and taking care of factors influencing the human behavior that significantly contributes to the organizational culture (Pilllati & Tosi, 2011). Individuals are the hub of human resource management, and the human element forms a significant productive resource in the organization, and the internal and external environment requires from organizations adopt effective human resource management strategies in light of the economic, social, political and technological developments that imposed on organizations dealing with the human resource as a strategic

partner to achieve the goals of organizations and individuals together. However, the human resource form an intellectual capital that is no less important than other physical resources, if not more important, because it drives and manages these resources, (Dare, 1996).

At this point, the role of the organization is enhanced by increasing the interaction between service providers and receivers, and that interaction highlights the desires and expectations of service receivers. In this context resides the importance of employee education, training and development to improve their ability in dealing with service receivers, increase their satisfaction, feeling relaxed, and to set the appropriate conditions for self-disclosure which is a prominent technique commonly practiced in the modern organizations so that service receivers can express their views, concerns and expectations towards the service provided to them. Taking this in mind, the problem addressed by the current study was to identify the level of self-disclosure among cancer patients at Al Hussein Cancer Center and highlighting the concept of self-disclosure and its role in strengthening the relationship between service providers and receivers and enhancing their mutual trust .In addition, self-disclosure practice also improves quality of service provided by offering well-trained medical professionals who are qualified to deal with patients and meet their needs thereby developing the whole organization and keep track with the escalating development in service behaviors field, and failing to do so would build walls between service providers and receivers and impede professional development of the employees and the whole organization, (Servellen, 2009).

1.3 Importance of the study

One of the most feared consequences of cancer is pain. Expansion, intensity and influence of pain on the cancer patient has little has been known. Despite treatment efforts exerted, pain still represents a continual source of frustration for patients, their families and health care team. Further, the public perceptions of pain thought to have complex effects on the treatment of disease while pain may considered the first sign of the disease, and that is why pain is one of the most important reasons that lead to distress for others as well as for themselves and emotional disturbances plays a causal role in the pain experienced by the patient with cancer .All these factors in combination motivated my writing of this master's thesis in this approach again because

of its importance from a medical viewpoint and also to look in the medical sector for the best means by which to affect the treatment of the patients and how to communicate with them in order to reach the best result of the recovery in the fastest time in order to achieve the goals of hospitals that are desired and expected by patients, (Cleeland, 1984).

The importance of self-disclosure and its role in relieving stress stems from the pain caused by cancer and the fear that surrounds the patient so self-disclosure contributes to relieve this pressure and removes the delusions and their consequences by giving patient the role , importance and the opportunity to express their views, concerns, feelings and help him understand that the presence of medical staff who are trained and qualified to deal with these cases and relieve pains , especially when the disease is first detected .The existence of such medical team contributes to increasing the ability to handle and support cancer patients, which leads to express their feelings and thoughts, and help increasing the effectiveness of treatment , (Cleeland, 1984) .

The importance of the study lies in two sides:

1- **The theoretical side:**

   Which addresses the assessment level of self-disclosure in cancer patients at the King Hussein Cancer Center, which is the most important health facility for cancer treatment in the Hashemite Kingdom of Jordan. This modest study to attempts to enrich the medical sector with new and useful information for future studies concerning this sector.

2- **The practical side :**

   This study seeks to explore the assessment level of self-disclosure and its impact in the medical sector on the relationship between patients and the medical team and impact on the quality of medical service provided. Further, this study explores the effectiveness of the treatment and its role on creating a healthy atmosphere among patients, thereby leading to achieve the vision and mission of the hospital, which affects the image of the medical sector in Jordan as a whole.

   The medical sector is one of the most important sectors in Jordan, where King Hussein Cancer Center treats the second-largest cause of death, it accounts for 14.6% of deaths. And the center treats 60%-70% of the cases and 70-80% of these cases that are in advanced

stages, which reduces the chances of recovery, according to the latest statistics for the year 2010 .(Tarawneh, et al., 2010).

1.4 Study Objectives

The main objectives of the study are:

1-Identify the level of self-disclosure at the King Hussein Cancer patients and the extent of the presence of this kind of communication with the medical team providing the service.

2-To find out to what extent the practice of self-disclosure among cancer patients differ according to their gender, age, marital status, educational level, type of cancer, length of disease, and length of treatment.

3- To find out the benefits of using the self disclosure concept and its impact on the following:

- **Alleviate the feelings of stress and fear among cancer patients at the King Hussein Cancer Center.**
- **Increase self-confidence and the ability to cope with the disease in patients with cancer at the King Hussein Cancer Center.**
- **Increasing the sense of interest in the cancer patients at the King Hussein Cancer Center.**
- **Strengthening relations with the medical team at the King Hussein Cancer Center.**
- **Faster response to the treatment provided by patients with cancer at the King Hussein Cancer Center.**

4-Identify the main obstacles that reduce the practice of self-disclosure among cancer patients at the King Hussein Cancer Center.

1.5 Study Questions

The study based on the aforementioned objectives is targeting to answer the following questions:

1-What is the level of self-disclosure among patients at King Hussein Cancer Center? And to what extent does this kind of communication available among the medical team providing the service?

2-Are there statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, marital status, educational level, type of cancer, length of disease, and length of treatment)?

3-Does self-disclosure reduces the feeling of stress and fear among patients at King Hussein Cancer Center?

4- Does disclosure increase self-confidence and the ability to cope with the disease in patients at King Hussein Cancer Center?

5- Does the role of self- disclosure increase the patient's sense of importance and their presence inside the King Hussein Cancer Center?

6- Does self-disclosure has a role in strengthening relations with the medical team providing the service at the King Hussein Cancer Center?

7- Does self-disclosure leads to faster response to the treatment by patients at King Hussein Cancer Center?

8- What are the main obstacles that reduce the self-disclosure among cancer patients?

1.6 Study Methodology

The method used in this study falls under two approaches:

1- Theoretical study approach, which reviews self-disclosure literature and represents the theoretical framework of the study.

2- The second approach involves the application of the theoretical study on the ground. The empirical application will be through responding to study questions which will be validated and tested for reliability. Data gathered via study instrument and by filling the questionnaire in interviews conducted with patients then will be analyzed to find out results.

1.7 The study population

The study population consists of all active adult patients (more than 18 years) in the King Hussein Cancer Center, who were selected based on statistics concerning the hospital, which was obtained through the National Cancer Registry (2010), (Tarawneh, et al., 2010).

It worth noting, that the latest report (15th report) has been issued for the epidemiological cancer in 2010, according to international standards and principles adopted in the issuance of these reports; the total number of the new cancer cases was totaling 6820 cases for the year 2010. Of which, the total number of cancer patients at King Hussein Cancer Hospital, 4921 (72.2%) were Jordanian patients compared with 1899 (27.8%) non- Jordanian patients. Regarding gender, males account for 48.1% (2330) of Jordanian patients, compared with 51.9% (2519) females, and the total Jordanian cases were (4921).The total number of cancers for children aging younger than 15 years 194 cases (110 males and 84 females).

1.8 The Study Definitions

Health care:

“The prevention, treatment and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professionals” (Piotrowski and Rogers, 2007).

Health care quality:

“The extent to which health services provided to individuals and patient populations improve desired health outcomes , and the care should be based on strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making”(Pelletier and Beaudin , 2008).

Self-Disclosure:

“The process of deliberately revealing significant information about oneself that would not normally be known by others can be verbal or nonverbal” (Zastrow, 2009).

(West and Turner, 2006) defined two approaches of using self-disclosure:

- **Evaluative disclosure: typically gives the listener a look at what we like, dislike, and how we relate to events and things.**
- **Descriptive disclosure: most likely refer to “self-revelations.”**

(Sheldon, 2009) defined the dimensions of self-disclosure:

a) Breadth: the amount of information, or number of topics of self-disclosure.

b) Depth: the intimacy of self-disclosure.

1.9 Study Components

This study includes six chapters; the first is a summary of the study and the remaining five chapters each of which includes the following:

Chapter II:

This chapter includes reviews literature related to self-disclosure:

1- **Theoretical definitions of the concept of self-disclosure.**
2- **Components of self-disclosure.**

3- Conditions of self-disclosure.

4- Dimensions of self-disclosure.

5- Factors affecting the behavior of self-disclosure.

6- Benefits of self- disclosure.

7- Ways of self -disclosure.

8- Hindrances of self-disclosure.

9- Types of self-disclosure.

10- Communication needs.

11- Disclosure decision making.

12- Self understanding model.

13- Characteristics of appropriate self-disclosure.

Chapter III:

Includes the field study that examined the application of this concept in general and the extent of the application of this concept within organizations and pros and cons of this concept and results from Arab and foreign studies.

Chapter IV:

This chapter aims to explain in detail the methodology of the study in the reality on the ground and how to collect information and data, including:

1 - Determine the methodology of the study

2 - Determining the study design.

3 - Determine the study population.

4 - Determine the study sample.

5 - Data collection methods.

6- Study tool development phases.

7- Special tests measuring tool.

8- Analysis scale.

9- Study application procedures (Questionnaire).

10- Statistical methods.

11- Determinants of study.

Chapter V:

This chapter includes discussion of study questions and results of the study in detail as it provides detailed information, including the study sample of patients at King Hussein Cancer Center.

Chapter VI:

This chapter summarizes the most important findings of the study based on the data collected and answers to the study interview questions followed by most important findings and recommendations reached by the study based on the progress of the field effort.

CHAPTER TOW

Theoretical Background

CHAPTER TWO

Theoretical Background

2.1 Introduction

Social interaction is a form of communication where more than one individual share the experience of self-disclosure about what and how they feel about various issues. Disclosure involves both sides of disclosure the subjective self disclosure and objective disclosure that involves other individuals, events and places (Hargie, et al.,1994) .With its two types the subjective and objective, disclosure dates back to psychology as it accounts personality interference in the disclosing individual, and substantially reflects human behaviors. As a concept, self-disclosure was developed based on work of psychotherapist Sidney Jourard who had impressive contributions to human psychology, basically through associating the psychotherapeutic relationship between client and counselor based on a humanistic approach that encourages a climate of openness, wellness and sociality (Jourard, 1958).

"Self disclosure as defined by Sidney Jourard (1968) is the process of making the self known to other person; "target person" are persons whom information about the self is communicated". "(Jourard ,1971) noted that persons need to self-disclose to get in touch with their real selves, to have intimate relationships with people, to bond with others, in pursuit of the truth of one's being and to direct their destiny on the basis of knowledge. Jourard agrees with Buber (1965) that in a humanistic sense of self-disclosure "we see the index of man functioning at his highest and truly human level rather than at the level of a thing or an animal".

However, Jourard indicated that self-disclosure is due to a healthy personality that always need change freedom and relaxation, thereby becoming known to other which in turn encourages other to do the same with complete freedom ,(Jourard, 1974). Jourard also believes that concealing personal information on the longer run may result in increased distress and greater likelihood of disease. In medicine, self-disclosure is used to enhance the patient-therapist relationship because it support simplicity of the relationship between them in order to be positively more relaxed with

greater efficacy, self-sufficiency and self-esteem since self-disclosure increases awareness by helping openness among people and explaining their behaviors, (Jourard, 1974).

Self-disclosure definitions

In addition, self-disclosure defined as a "Communication involves the interactions and exchanging of information between individuals, in a variety of methods. One of these being, 'interpersonal communication', which takes place in a specific context, face-to-face, which self-disclosure is an important aspect, in order to form relationships" (Tyler, et al., 2002) .The kind of communication is the self disclosure is the way of revealing sensitive and risky personal information that information exclusively existed to the discloser itself while the self description aimed to disclose of non- risky and non-sensitive information related personal life, (Brandt and Reece ,1999).

Other definitions of self-disclosure as received from scientists in various fields of science and psychology mainly:

- **"Self-disclosure may be defined as any information about himself which person A communicates verbally to a person B" (Cozby, 1973).**

- **"Self-disclosure as defined by (Norrell, 1989) is the process by which persons make themselves known to each other and occur when an individual communicates genuine thoughts and feelings".**

- **"The researchers indicate that the self-disclosure a predictor of each relationship satisfaction for adolescents and adults and socioemotional adjustment" (Rotenburg and Whitney, 1992).**

- **"The shares of intimate informations encourage the build of a positive link between the client and the counselor" (Collins and Miller, 1994).**

- **"Self-disclosure, in the context of social research, refers specifically to the sharing of one's personal thoughts, feelings, attitudes and beliefs" (Leaper, et al., 1995).**

- **“Self-disclosure the process of revealing personal information about one-self to another, has been extensively studied by social and clinical psychologists interested in interpersonal communication and close relationships” (Derlega and Berg ,1987).**

2.2 Components of self-disclosure

Jourard referred to self-disclosure as a process of self-understanding through verbal expression. Recently, scholars have considered this concept by emphasizing on communication and disclosure itself (Houghton, et al., 2013). Generally, self-disclosure varies among individuals depending on place, time, mood, character of receiver and disclosed information that are not known to others. Jourard described self-disclosure as a cyclical motion between sender and the receiver which is enhanced by trust, love and feelings to gratify the relation .In addition, self-disclosure is a behavioral concept in terms of the verbal and nonverbal information disclosed by the sender and influenced by sender's personality (Farber, 2006).

2.3 Conditions of self-disclosure

According to (Cozby, 1973), self-disclosure has three conditions that should be met:

1- **The information that are disclosed need to be personal to the sender.**
2- **Verbal communication between the sender and receiver.**
3- **The receiver should be intentionally targeted by the sender.**

2.4 Social Relation Model

(Levesque, et al., 2002) defined this model by explain the self-disclosure degree depending on the ability to differentiate between the roles of actor (sender) and partner (receiver) by focusing on the differences in their relationship and partner's role in that relationship which creates cohesiveness in the self-disclosure based on the information shared. The scope of self-disclosure therefore has much to do with the tendency to disclose as it is greatly influenced by the intimacy and reciprocity between the actor and partner.

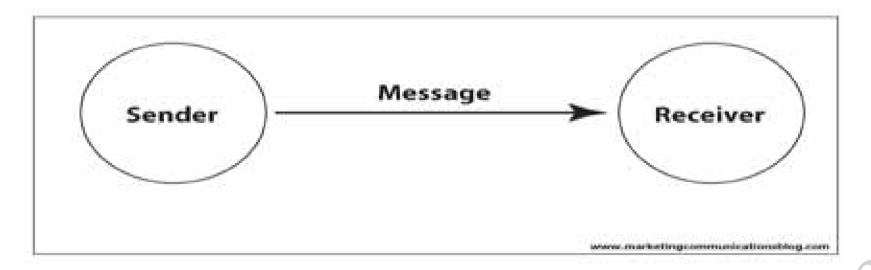


Figure 2.1: Social Relation Model
Source (Stafford, 2013)

2.5 Dimensions of self-disclosure

Cozby (1973) indicated that self-disclosure is verbally communicated whether through words, video image or eye contact. To understand this concept, characteristics of self-disclosure need to be explained in order to measure disclosure scope and identify its various dimensions. However, uni-dimensional self-disclosure is centered on the information disclosed irrespective of sender's characteristics and time. Comparatively, multidimensional disclosure stresses on two factors: person and environment, these factors are related to breadth and depth, where breadth refers to quantity of information disclosed, and depth refers to quality of that information ranging between superficial information and deep values. Self-disclosure occurs at different levels of breadth and depth and has association with various factors including the surrounding environment, personal characteristics and disclosure principles that determine personal expectations of the disclosure that shows how deep the interpersonal relationship, privacy, nature of disclosure itself, nature of receiver, and how receiver is interested in disclosing .The feedback to the receiver has much to do with several factors: disclosure type, time, message disclosed, situation and nature of receiver, (Houghton et al., 2013)

According to (Mount, 2005) the principles of multidimensional self-disclosure are:

1- **Self-disclosure conscious degree.**
2- **Self-disclosure size.**
3- **Nature of disclosure both negative and positive.**
4- **Validity or reliability degree of self –disclosure.**
5- **Depth or intimacy degree of self –disclosure.**

2.6 Social Penetration Theory:

(Altman and Taylor, 1973) developed the Social Penetration Theory that explained the social penetration from the external communication towards more depth internal communication. This process is an integral part of self-disclosure as a reciprocal relationship between sender and receiver. This leads to greater intimacy in the relation, and the increased intimacy motivate sender to be more accessible and with greater openness. This theory explains how self-disclosure plays an essential role in enhancing the relationship to be more intimate. This can be accomplished through layers gradually flow until reach the depth. The theory also elaborates on how receiver could feel trust and clear depending on the level of intimacy in order to reach self-disclosure. At this point of intimacy and closeness, the receiver feels exactly in sender's shoes and this strengthens the disclosure so that to be more profound, and disclosing more significant and reciprocal information. This process works at a profound level more than communication that self-disclosure depends on sender and receiver. In addition, the information exchanges about persons themselves as penetration of layers in order to enable others understand them gradually and in greater depth.

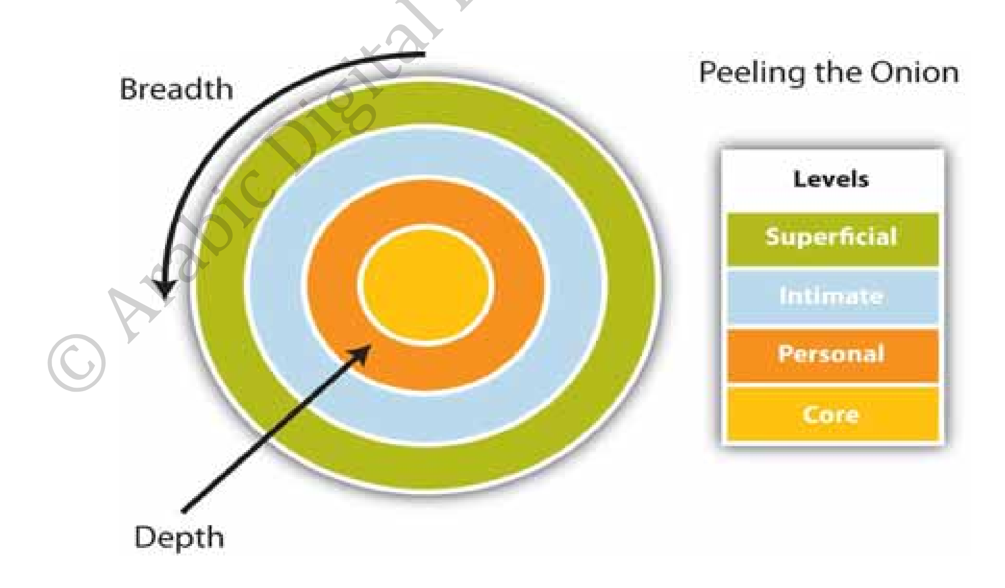


Figure 2.2: Dimensions of Self Disclosure
Source (Scott, 2010)

(Altman and Taylor, 1987) presented the onion-like layers to describe the disclosure imagining a gradual movement into depth through layers towards the center. The breadth, therefore,

represents the external layers that reveal superficial uncritical information very quickly, on the other hand, the depth represents internal qualities that show up when penetrate through to center by revealing more critical information that determine who are we, and delivers a realistic image about our interests, beliefs and feelings, and both scientists identified two dimensions of self-disclosure: breadth and depth. The concept of depth indicates the quality of self disclosure and the intimacy of the relationship, while the concept of breadth indicates quantity, scope and need to enhance conversation between the couples to discuss the disclosure. Disclosure breadth is differently described as discussion of the information at large scale since breadth reflects how wide the couple their intimate relation to be in order to disclose to each other. In another context, breadth dimension differs in accordance to disclosure topic that to be discussed and openness between the conversing partners.

(Adler and Proctor, 2011) described four levels of depth related to self-disclosure and each level identifies how the discussion will proceed in the self-disclosure process and how deep in the relationship, so that the self-disclosure will move on from superficial communication to greater depth and more personal details, these levels are:

1-Clichés: Described as formal responses and stored responses to social cases and has relationship with strangers and new situation when positive reactions are elicited within short time limit.

2-Facts: The sender discloses facts that are unknown to others which reflect the trust and commitment level between the parties and all such factors laid the ground for the next levels.

3- Opinions: Reflect one's point of view regarding various issues and how one may have different personal opinions based on personal evaluations in certain topics.

4- Feelings: Information disclosed at this level are the greatest. Feeling shows how much a person discloses regarding specific topic personally. Feeling link with personal opinions concerning the issues and how much one knows about them and all these factors increase people insights as to these topics and accomplish the intended goal from self-disclosure.

2.7 Factors affecting the behavior of self-disclosure

According to (Turner and West, 2009) the self-disclosure has many considerations that have association with various factors:

1. **Individual Differences: The concept of self-disclosure varies among people depending on their different perceptions, beliefs, and ideas, how they interact with others and express what they bean on mind and individual differences also explain interests of people and their need to disclose.**

2. **Relational Issues: Using self-disclosure blurs personal boundaries in accordance to privacy, openness and easy communication.**

3. **Culture: Includes values and cultural stereotypes affect self-disclosure as the nature of culture plays a significant role in disclosure due to variety of ideas, beliefs and norms.**

4. **Gender: Gender has a role at the minimal level of self-disclosure based on how intimate the relation is, the depth of disclosure and whether partner is man or woman. Commonly, woman considers words as the best way to express feelings, whereas men prefer actions to words.**

5. **The receiver: Disclosing same information to different persons depends on the receiver, topic, and the way sender discloses the information.**

2.8 Benefits of self-disclosure

(Brandt and Reece, 1999) identified the benefits of using self-disclosure behavior:

- **Increased accuracy of communication: The more feelings and facts disclosed, the greater accuracy will be. Accuracy also increases when the feeling specifically disclosed.**

- **Reduced tension: Being indulged in everything in life and pay greater attention to feelings and private issues, tension, as a result, will increase. Disclosure, therefore, facilitates and**

enhances internal feelings and reduces tension experienced by the person as a result of thoughts and information disclosed in form of self-release.

- **Increased self awareness:** Self-awareness describes one's ability and interests to understand your thoughts and feelings, thereby motivate you to practice influence over others. Self-awareness, therefore, is essential for self-development and enhances other's reactions and relates to quality and quantity of information disclosed to elicit a reaction through exchange feelings and thoughts with others.

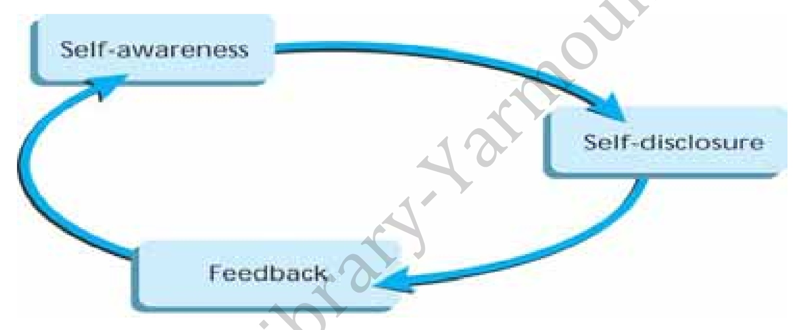


Figure 2.3: Self-disclosure/Feedback/Self awareness Cycle

Source (Brandt and Reece, 2005)

- **Strengthened relationship:** Self-disclosure takes place within an open environment that facilitates information exchange, thereby strengthening sender-receiver relationship. Disclosure therefore increases warmness, intimacy and trust.

Later on (Adler and proctor, 2012) identified another benefits of self-disclosure:

- **Self-Clarification**: Self-disclosure is a method for one to express ideas, beliefs and feelings; hence the quality of life and physical health of sender will improve.

- **Self-Validation**: Disclosure depends on consent for the other party.

- **Identity Management**: When personal information are disclosed by the sender he will be more knowledgeable about the receiver, and as disclosure continues the sender becomes allured to reveal more about his personal life.

- **Social influence: Disclosing critical personal information, sender will take greater control on situation; and when future is uncertain to sender, disclosure is fewer, so disclosure depends on sender-receiver reciprocity.**

2.9 Ways of self-disclosure

For effective disclosure, (West and Turner, 2006) defined the following techniques:

- **Use "I…." sentence: Use sentences that start with "I…" to express your feelings in order to help receiver understand how the sender feels during communication.**

- **Truthfulness: Disclosure that is genuine, truthful encourages clarity and accuracy and keeps one away from mistake until achieving the intended goal from disclosure.**

- **Consistency with both verbal and non-verbal communication: Use body language and make sure that your body language is consistent what you say.**

- **Concentrated in non-verbal communication: Body language may express what to say through gestures.**

- **Use relevant content: appropriate time and place take a significant part in the disclosure process by generating accurate information and delivered appropriately.**

- **Use relevant topic: It is important to disclose information relevant to specific topic and to consistent with it.**

- **Assess different benefits and risks: During disclosure it is necessary to indicate whether your disclosure is worthwhile or worthless since when one discloses while he is under tension, then disclosure could be harmful.**

- **Make your expectations about how receiver's response would be: The nature of receiver determines the way the disclosure will proceed and helps sender to undertake disclosure in an effective and relaxed way.**

- **Using suitable quantity and quality of disclosure: The relation between sender and receiver in terms of depth level that enhances disclosure to be in a suitable form, for instance the relationship that lasts longer increases greater and more relaxed disclosure.**

- **Evaluation of the effectiveness of disclosure on the receiver: During disclosure, critical information must be evaluated because they may influence the relationship, and this makes the receiver's response more focused.**

2.10 Hindrances to self-disclosure

(Adler and proctor, 2012) identified the main impediments to self-disclosure concept:

- **Rejection: Using critical information during disclosure that would be used in an abusive way deprive sender from respect and misunderstanding will result.**

- **Conflict: The relationship is influenced with self-disclosure method, so ineffective disclosure would create an uneasy relationship, and sometimes cultural backgrounds affect self-disclosure.**

- **Stress: Using critical information in disclosure increases anxiety particularly when disclosure creates an uneasy situation or negative result.**

- **Sender's character: The nature of sender influences disclosure because of personality traits, for instance isolation yield difficulty in disclosure and hence avoid reveal critical information.**

- **Negative impression: If generally there was no rejection, the negative impression will increase, and one's image will damage as well as the sender's status in the community will be affected and as well as communication with others.**

- **Decrease in relational satisfaction: Ineffective disclosure may create fears from others and may whole way one look to others thereby reduce the relaxation in the relationship.**

- **Losing influence: Self-disclosure that is used in the workplace, where disclosure relates with work problems may deprive control over work and ability to influence others. The worse is that some employees may exploit disclosure negatively against the sender.**

- **Abusing others: A significant concern in the disclosure process is being afraid from abusing the sender party, especially when the information discomfort and frustration in the sender.**

2.11 Types of self-disclosure

According to (Zur, 2008) the self-disclosure has five types: deliberate, unavoidable, accidental, client initiated and inappropriate.

1- Deliberate (Intentional) disclosure: This type closely associates with disclosure targeting personal information whether verbal or nonverbal. There are two subcategories under this type: first includes self-disclosure in a way disclosing oneself, the second explains self that implies sender-receiver reaction, nature of the situation through the disclosure process.

2- Unavoidable: **This type of disclosure is influenced with many factors including sender age, gender, voice, dialect, obesity, disability such as paralysis and any physical imperfection, hairstyle, perfumes and other factors surrounding the sender's location. The disclosure happens inside sender's home or other place especially that the receiver concentrates on nonverbal gestures.**

3- Accidental: **this would be planned or not to disclose personal information; the unplanned discloser might be intensively emotional and negative than the planned disclosure.**

4- Disclosure initiated by the sender (Client initiated): **Refers to other source of information where the sender has less or no control in disclosure, since the receiver sometimes take the opportunity to express his own thoughts, feelings whether in considerate way or no.**

5- Inappropriate disclosure: **Happens when the sender discloses information bears the responsibility on sensitive information whereas the receiver becomes apathy regarding that information.**

2.12 Communication Needs

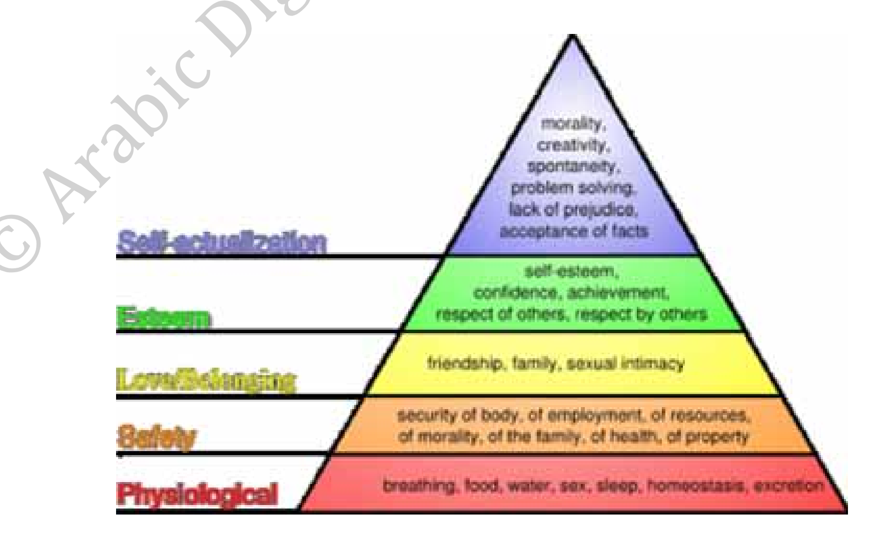


Figure 2.4: Maslow's Hierarchy of Needs

Source (Maslow, 2012)

Abraham Maslow considers that the material need is essential to survive and communication takes a significant part in meeting needs that for the base for survive the life. Through communication

humans gain a good health through disclosure about such needs and satisfy them. Therefore, through communication and self-disclosure we meet the material needs, (Ostafin, 2013).

According to theory of motivation, (Karmakar and Datta, 2012) defined three assumptions for Maslow's needs:

1) - Everyone has a number of needs desires to satisfy.

2) - Unsatisfied needs only stimulate behavior.

3) - Human needs are sequenced in Maslow's Hierarchy by force, so the needs at the low level of hierarchy are satisfied, and needs at the upper level of the hierarchy still needing to satisfy.

The Maslow's levels

(Griffin and Moorhead, 2010) defined the following five levels of the Maslow's hierarchy:

1. **Physiological needs: Represents the base of the hierarchy and low in the ranking of needs (need for water, food, air, clothing…etc).**

2. **Safety needs: Represent the second level and refers to environmental, physical and emotional security and safety.**

3. **Social needs: Include the need for love, belongingness and friendship.**

4. **Need for self-respect: Consists of two kinds of internal and external needs. Internal needs include self-respect, self-confidence, efficacy and freedom, whereas the external needs include interest, strength, status and recognition.**

5. **Self-actualization needs: Includes the desire to achieve the ambitions and represent human creativity, self-independence and challenge.**

Maslow's hierarchy implies two categories of upper and lower needs. The lower level includes physiological and security needs, while the upper level includes the social needs, and the need for respect and self-actualization, (Griffin and Moorhead, 2010).

2.13 Disclosure decision making

As mentioned above, the main object of self disclosure to assess strong relations among the individuals. Despite of, the fears that accompanied the process of self disclosure, we can reach to achieve all the objectives through learning how to perform self disclosure. So, it is a skill which can be learned from all to be a constructive process, where the paradigm (the strategy to take the decision of self- disclosure of the individuals) cleared in figure 2.5 the highlights that the individuals met before applying self disclosure into three stages. So that, this process makes the behavior of the individuals realized and understood, (Omarzu, 2000).

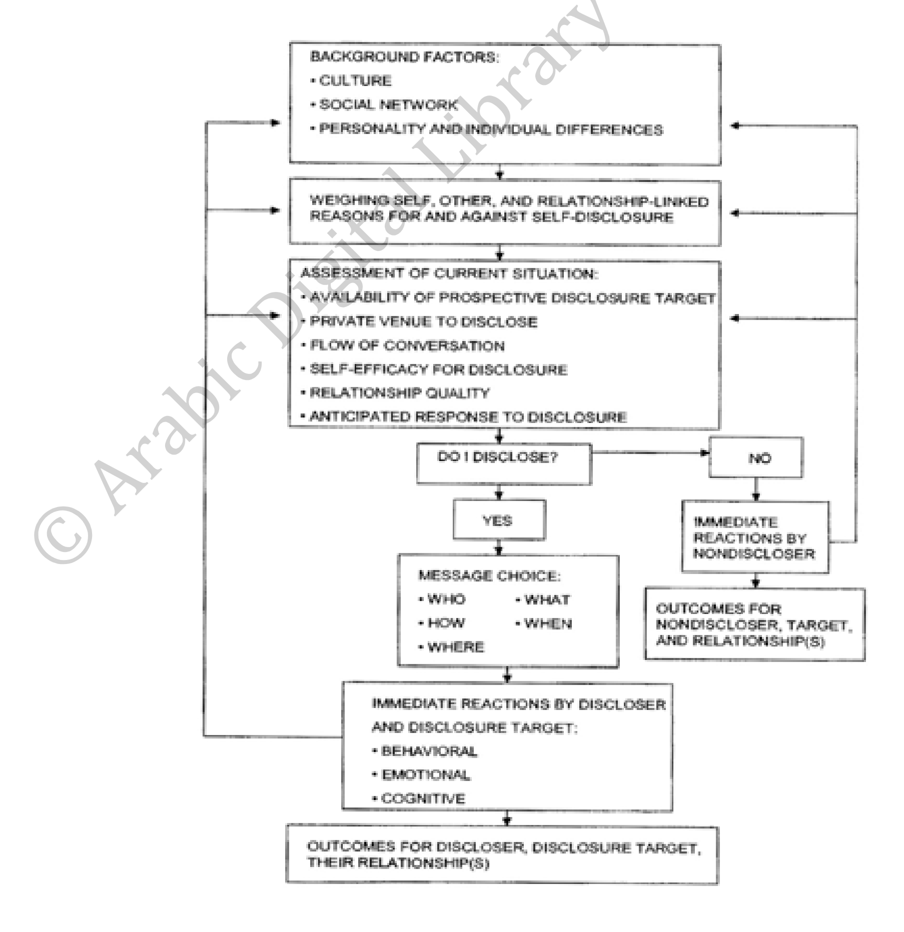


Figure 2.5: Decision Making Process of Self Disclosure
Source (Greene, et al., 2006)

The first stage

Here, the individual shows the objectives needed from applying the behavior of self disclosure and the social benefits related to him as an individual in a particular situation. The paradigm suggested five benefits that the individuals want to be achieved (the social acceptance, the relation development, reducing pressure, control and to investigate the self), (Derlega and Grzelak, 1979). This paradigm shows that the social acceptance is what the individual sought for in order to be achieved, that means if there are no objectives; the individual will unconsciously achieve the social acceptance, (Baumeister, 1982). Moreover, it is too hard to determine one objective, where all the objectives gathered in one situation. Also, the situation itself has a large effect on determining the objective. Thus, in this stage the individual wonders if he doesn't do the self disclosure, will he achieve some of these objectives that sought for. If the answer is (yes) then he will transfer to the next stage, and his decisions will not to make self disclosure, if the objective isn't achieved before applying this behavior.

The second stage

Here, in this stage and after determining the objective needed, the individual begins wondering: is the behavior of self disclosure considered an appropriate strategy according to the situation and the environment surrounded or there are other strategies must be followed,(Kelly and Mcklllop , 1996). It should be noted here that the individual in this stage didn't determine the type of information and its depth, because he still studies all the conditions surrounded this process. Moreover, he would transfer to the third stage, if he convinced that versus person is appropriate for disclosure process and using self disclosure is an appropriate option for the situation.

The third stage

In this stage, the person took the decision of self disclosure to achieve the objectives and he will begin thinking about the nature of information that will be participated and its depth and extent. Here, the decision of the individual is affected by his realization for the situation and the objectives needed. The paradigm noted for many factors determine the nature of information including the expected benefit and potential risks.

After stage three, the sender will decide to form a message in order to achieve the disclosure goals, and according to (Greene, et al., 2006) they described the following factors related to disclosure massage:

1- Transaction: **Disclosure is a continual, dynamic cyclical and complex process between the couple (sender/receiver), and there is possibility for role change that self-disclosure represents multiple emotional, behavioral and knowledge reactions between the couple.**

2- Reward: **Relates with positive and negative reactions from the sender to receiver or both.**

3- Information disclosed: **Represent how the sender may communicate the disclosure message. The disclosure for the sender influences reactions delivered by the receiver, the disclosure method and how the information delivered that also influenced with breadth and depth.**

4-Accessabililty: **Indicate how difficult or easy to achieve the main goal for disclosure among the couple.**

5-Truthfluness: **Relates with the nature of information disclosed whether they truly represent one's self, thought and feelings.**

6-Social norms: **Explains whether self-disclosure support cultural expectations regarding what, how and when a sender should disclose information.**

7-Effectiveness: **Explains influence and reliability of disclosure and whether disclosure goals have been accomplished or not.**

2.14 Self understanding model (Johari window)

Through this window self-awareness and personality development can be improved and encouraged and interpersonal communication effectiveness can be supported and the perception that one can obtain from others. This model depends on two components: first how trust can be gained through

disclosing your own information to other, the second how to receive the reactions against that disclosure. Using Johari window that consists of 4-windows and every person through a window identify feelings of everyone and his personal thoughts irrespective such information whether to others or not. In addition, Johari windows represent a communication method, acceptance and explain information taken from others, and these information that are identified based on the four windows, where two windows represent information related to oneself, and the other two windows represent information unknown to you but known to others meaning that others know one more than what he knows about himself , and through reciprocity and trust resulting from socialization and reactions taken from others, the information move from one window to another, (Turner and West, 2009).

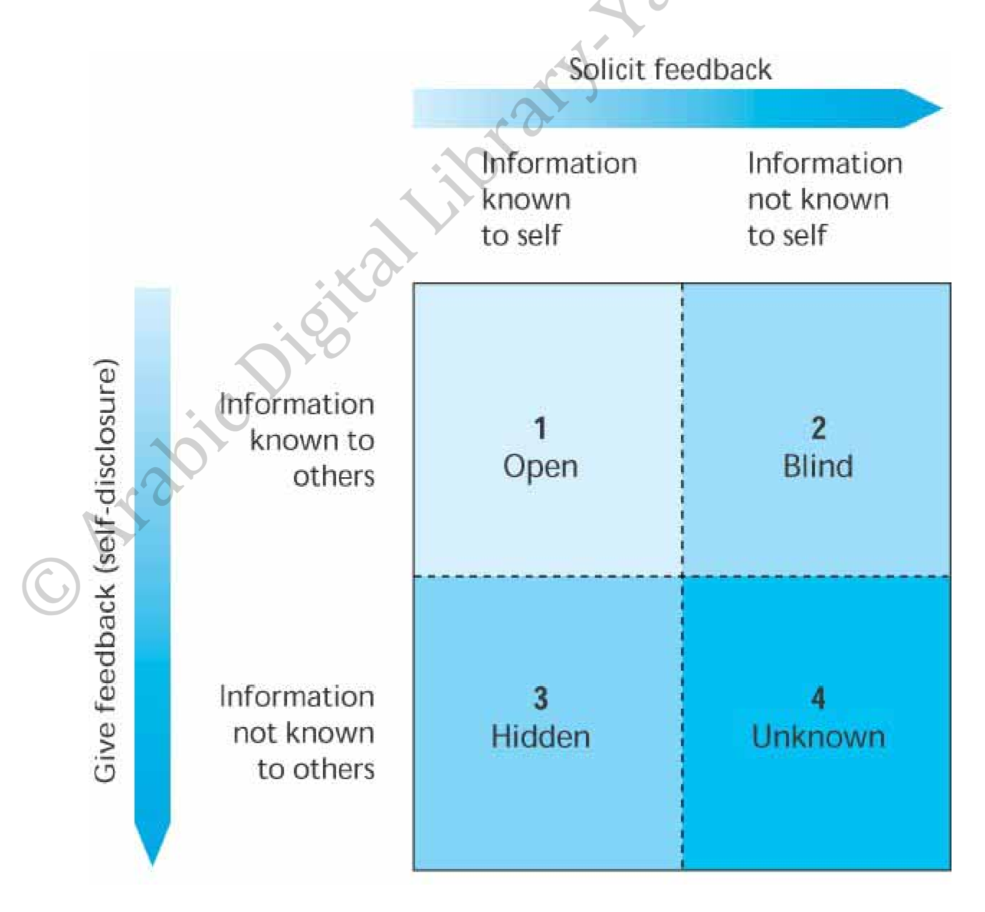


Figure 2.6: Johari Window Model
Source (Brandt and Reece, 2005)

(Turner and West, 2009) identified the four areas of Johari model:

1)-Open area: **resulting from accumulation of positions, behaviors, thoughts, feelings and skills are known to one and others.**

2)-Blind area: **include information unknown to one but recognized completely by others. This window is reduced through effective communication and knowing about reactions of others.**

3)-Hidden area: **Includes information known to one but unknown to others meaning they are personal in nature that when disclosed may rebound such as fears, secrets, feelings, experiences and when information moves to the open window, this window shrinks.**

4)-Unknown area: **includes unknown information for both parties and for one himself that involve new skills, talents, and aptitudes. All these are unknown and discovered by the person himself or noticed by others.**

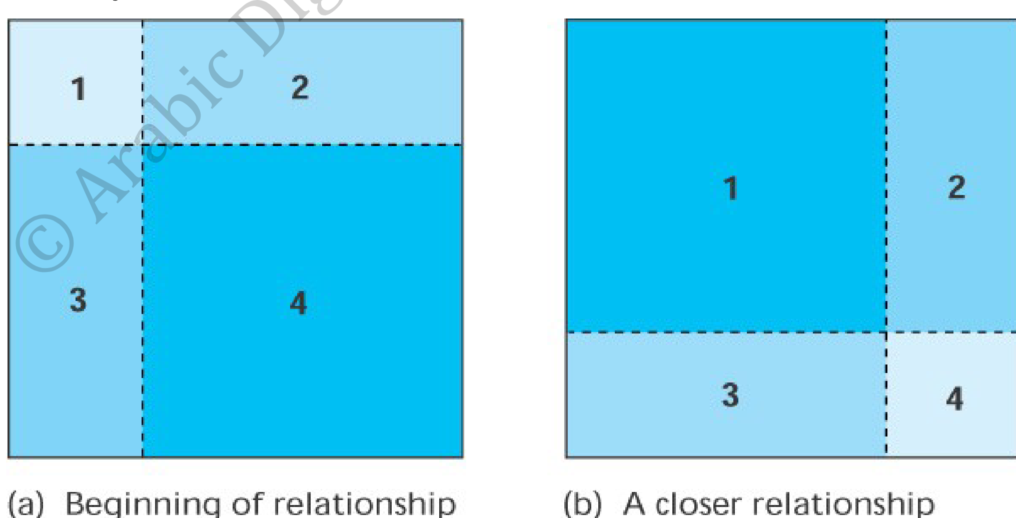


Figure 2.7: Four Panes of the Johari Window
Source (Brandt and Reece, 2005)

2.15 Characteristics of appropriate self disclosure

Self-disclosure seeks build a stronger and healthier emotional relationship, so (Brandt and Reece, 1999) recommended the following characteristics to get appropriate self-disclosure:

1. **Repair relationship: Self-disclosure can be the best vehicle to describe problems and heal the relationship.**

2. **A sort of excusing: Due to difficulty facing most people when they talk about a mistake, self-disclosure would be a method for excusing.**

3. **A sort of forgiveness: Self-disclosure can be viewed as a tolerance mechanism because it increases agreement and hides blaming.**

4. **Using constructive criticism: Constructive criticism is a method of self-disclosure that enhances other's behavior evaluation in non-defensive way.**

5. **Explaining annoying behaviors as instantly as possible: Sympathy with others following an annoying situation improves mental and physical wellness.**

6. **Good time and place: Appropriate time and place increases effectiveness of disclosure.**

7. **Total description of your feelings and emotions: Express your feelings and emotions to others in order to ensure they know you better.**

8. **Be careful to overwhelming others: Disclosure can be one of wall-building mechanisms in a relation and may cause harm to others.**

9. **Be careful to nonverbal gestures: Because they express your intrinsic feelings and thinking.**

2.16 Chapter Summary

The definition of self-disclosure is the process by which persons make themselves known to each other and occur when an individual communicates genuine thoughts and feelings. It is one of the recent concerns in the medical field, which emanates from the Human Resources studies. Also, it is one of the most important sources that express the humans inside, their opinions, their feelings, their aspirations and their perceptions for the service.

Social penetration theory is an integral part of self-disclosure as a reciprocal relationship between sender and receiver. This leads to greater intimacy in the relation, and the increased intimacy motivate sender to be more accessible and with greater openness. This theory explains how self-disclosure plays an essential role in enhancing the relationship to be more intimate. Also, Self disclosure consists of two dimensions breadth and depth, the concept of depth indicates the quality of self disclosure and the intimacy of the relationship, while the concept of breadth indicates quantity, scope and need to enhance conversation between the couples to discuss the disclosure.

The most important benefits of self disclosure are: reduced tension and increased accuracy of communication, self awareness, relation strength, self clarification, self validation, identity management, and social influence. The main impediments to self-disclosure practice are: rejection, conflict, stress, sender's character, negative impression, decreased relational satisfaction, losing influence, and abusing others.

CHAPTER THREE

Previous Studies

CHAPTER THREE

3.1 Previous Studies

After continued research on this subject shows that there is still a shortage in the availability of information and the definition of the subject in the Arab and west world , and for this reason there is a lack of studies that examine the concept of self-disclosure in the work environment and organizations.

<u>Studies are divided into:</u>

1- **West studies.**
2- **Arab Studies.**

3.2 Arab Studies

This part of the study contains some of the Arab studies that examined the concept of self-disclosure as an important concept is not searched before according to researcher view in the medical field, so we use some of the studies that have examined in the different conditions and the following is briefing to those studies.

1- **The purpose of the study conducted by (Al-Omari, 2013) titled "Self-Disclosure and Relationship with Loneliness Feelings, Depressive Symptomology among a Sample from Yarmouk University Students", was to identify the level of self-disclosure, loneliness feelings and depressive symptomology among a sample selected from the Yarmouk University. The study also sought to explore the association of self-disclosure with loneliness feelings and depression symptoms. Results showed low self-disclosure level for the targeted participants, and the loneliness feelings and depression symptoms were rated moderately. Results also demonstrated a statistically significant negative association between self-disclosure and loneliness feelings and between self-disclosure and depression symptoms among all participants on the overall grade of self-disclosure for mother, father and friend scale for all study participants.**

2-Study of (Abu Laban, 2012) titled "The reality of Self-Disclosure in the Jordanian Telecommunication Companies" aimed to identify the reality of self-disclosure and utilization level among staff members at Jordan telecommunication companies. In addition, the study aimed to exploring advantages from using this behavior and impediments hindered application in workplace. The results from the study varied; in specific results indicated that self-disclosure among employees at Jordan telecommunication companies from their viewpoints was rated moderately. However, employee self-disclosure with workmate then with direct manager in the same department was rated the highest and the least self-disclosure grade was in favor of employees in the company. Results demonstrated that self-disclosure related to work issues was rated higher than self-disclosure of personal issues for all dimensions.

3-In the study of (Al-Shaalan, 2010) titled "Self-Disclosure for Neurotic Disorder Patients in Light of Big Personality Traits" that aimed to identify self-disclosure dimensions most and least preferable for neurotic patients; and further to explore differences in self-disclosure practices by gender, age, education level and marital status. In addition, the study sought to identify the nature of the association between self-disclosure and each of the big five traits of personality, and explore whether they could be predictive of self-disclosure practice or not. Results from this study indicated that personality traits as a self-disclosure dimension was most preferable, followed by problems, ideas and feelings , and there was a statistically significant difference in self-disclosure practice between males and females in favor of females. The study found also the factor most predictive of self-disclosure was Agreeableness followed by Extraversion.

4-The aim of the study conducted by (Al-Dahadha and Suleiman, 2006) titled "Self- disclosure level among Sultan Qaboos University students in light of some demographic variables" was to explore effect of gender, specialty (academic/literary) on self-disclosure of same-gender friend, father , mother, sibling and academic advisor. Results showed differences in mean scores of self-disclosure of same-gender friend, mother and sibling attributed to gender in favor of females. However, no such effect was found on mean scores of self-disclosure for father and the academic advisor. In addition, the results indicated statistically significant differences of specialty effect on self-disclosure mean score of same-gender friend, mother and the academic advisor where differences

were in favor of literary specialties. However, no effect was reported for specialty on self-disclosure mean score for father and sibling.

5-Study of (Abu Jadi, 2004) titled "Impact of Social Anxiety, Loneliness and Self-Disclosure on the Internet Addiction" aimed to identify impact of social anxiety, loneliness feelings and self-disclosure on the Internet addiction in addition to identify percentage of Internet-addicted users, and to identify major Internet addiction symptoms, and the demographic and psychological characteristics of users addicted to the Internet. Results indicated that online self-disclosure was the variable most directly influencing Internet addiction; whereas offline self-disclosure was the least directly influencing Internet addiction. And the study results demonstrated that the direct effect of loneliness feelings and social anxiety on the Internet addiction was nearly at the same level as the effect of social anxiety on Internet addiction was independent from online self-disclosure. Also, the results revealed statistically significant differences among addicted and non-addicted users on level of social anxiety, loneliness feelings and self-disclosure on the internet, where addicted showed higher levels of social anxiety. Loneliness feelings and self-disclosure on the Internet

6-(Al- Sebheen, 2001) in his study titled "Factors Influencing Self-Disclosure among Secondary Students in Al-Mafraq District" aimed to identify factors influencing self-disclosure among secondary students within Al-Mafraq District and to know the level of self-disclosure among students, also to identify if there is more than one source for co-variance accounted by variables (gender, parent educational level, parenting style and mother employment) and dependent variables represented by self-disclosure domains (attitudes and opinions, favorites and interest, education, financial status, physical status and personal traits).Results indicated that person most targeted with self-disclosure was same-gender friend, then mother, father and finally the academic adviser (least ranked for disclosure). The highest self-disclosure level was with friend and mother, in general, and with father and the academic adviser at low level. As to self-disclosure to mother, two statistically significant correlations were found implying two clusters of dependent and independent variables. The first cluster included gender among the explaining variables and disclose to mother in the areas of favorites and interests and education. The second cluster included gender, mother's employment and education among the explaining variables and disclosure in

areas of attitudes and opinions, education and financial status among the dependent variables. In addition, the results showed two correlations for father's disclosure one consisting of gender and father's educational level out of the explaining variables, and father's disclosure in domains of favorites and interests, education, physical status and personality traits out of the dependent variables.

7-Study of (Al -Momani, 1998) titled "Relationship between Locus of Control, Self-Disclosure and Impact of Some Demographics among Yarmouk University Students" aimed to explore the relationship between locus of control and self-disclosure and to identify the impact of some demographic characteristics on self-disclosure and locus of control, and to identify the type of locus of control (internal/external) prevailing Yarmouk University students. Also, to know how participants rank significant figures in their life (mother, father and same-gender friend) in terms of possibility of self-disclosure. Results indicated that the sample subjects tended more towards external locus of control. The study also revealed that participants more self-disclosed with friends, then to mothers and finally to fathers. Results revealed a statistically significant association between locus of control and self-disclosure for father in that participant with more externalized locus of control had lower self-disclosure level with fathers. In addition, results revealed statistically significant differences in locus of control among participants attributed to gender in favor of females.

8-(Jaradat, 1995) in his study titled "Self-disclosure among Yarmouk University Students and Relationship with some variables" aimed to identify effect of gender, family size and family income on self-disclosure among Yarmouk University students and to identify the level of self-disclosure among students. Results demonstrated low level of self-disclosure among Yarmouk University students. Further, there was no association attributed to gender in self-disclosure to parents and same-gender friend, whereas there was an association attributed to gender in self-disclosure to mother with differences being in favor of females. Results also show that male participants are self-disclosing to friends more than to mother and to father at the least level. However, female participants are self-disclosing somewhat equally to friends and mother and to the least level to their fathers. On the other hand, results indicated an association attributed to family size in self-disclosure to parents in favor of those belonging to small-sized families; whereas no such

association was found attributed to family size in self-disclosed to same-gender friend. As for family income, there was an association in self-disclosure to father, mother and same-gender friend in favor of families with high income level. Generally, results show that participants tend to disclose more of their attitudes, opinions favorites, interests, and education and less of their financial situation, physical status and personalities.

3.3 Summary of Arab studies

- **Studies from the relevant Arabic literature support self-disclosure practices for individuals and the need to raise awareness of parents to self-disclosure concept and practice with their children early of life considering its positive effects and reflection on their personalities.**

- **Generally, parents lack knowledge about self-disclosure concept and issues.**

- **Further studies that address other dimensions to shed greater light on self-disclosure concept in terms of reasons and hindrances.**

- **Studies stressed on the need to apply that behavior within the different business organization and raise conscious of people within such organizations to importance of self-disclosure practice and its positive effects on job market as a whole.**

3.4 West Studies

Self-disclosure was addressed in the Western studies more thoroughly and widely available more than the relevant Arabic studies. However, the Western and Arabic studies both did not address self-disclosure in the medical workplace and this could be because the self-disclosure concept is relatively new in management and application in the various business organizations. A summary of relevant western studies follows:

1-The study of (Al-Hadid, et al., 2014) titled "The Impact of Self Disclosure on turn over intention: the perceptions of employees in telecommunications companies in Jordan" that aimed to explore the impact of self disclosure on turnover intention from the viewpoint of employees in the

telecommunication industry in Jordan and to provide possible solutions to reduce the turnover percentage in the telecommunication sector, through shedding light on the importance of self disclosure and its practice. The dilemma of the study that there was a high turnover 11.9% in the telecommunication industry, through reviewing previous literature; self-disclosure was the least tackled variable by human resource management that could explain these high rates of turnover intention. The results showed that both overall self-disclosure and breadth self-disclosure do not have an impact on turnover intention while depth self-disclosure has a negative impact on turnover intention. In other words, if depth self-disclosure increases the turnover intention is likely to decrease.

2- (Kakarika, 2012) in his study titled "Affective Reactions to Difference and their Impact on Discrimination and Self-Disclosure at Work: A Social Identity Perspective" aimed to show the main rationale of this paper which is located in three parts. First, Social Identity Theory has been used to explain diversity, discrimination and self-disclosure. Second, affect is relevant to these topics, because SIT assumes that an affective factor is central in social categorizations. Third, affect may thus mediate the relationship between dissimilarity and perceived discrimination, as well as the relationship between dissimilarity and self-disclosure at the workplace. Results showed that the effects of dissimilarity are complex and its impact may also be positive for employee perceptions and behavior, by resulting in positive effect, based on the need for distinctiveness. Positive affect may also mediate the relationship between self-disclosure and perceived interpersonal discrimination. Thus, this paper avoids simple conclusions and argues that dissimilarity does influence self-disclosure and perceived discrimination indirectly, through its Affective Reactions to Difference 500 impact on negative effect.

3-The study of (Jamandre, et al., 2011) titled "Self-disclosure and Work Relationship of Call Center Agents with Their Co-employees" aimed to determine the content and intimacy level of self-disclosure of Filipino Customer Service Representatives (CSRs) to their co-CSRs and immediate supervisors and if their self-disclosure affected their work relationship and to describe the self-disclosure of the Customer Service Representatives (CSRs) to their co-CSRs and immediate supervisors in terms of the content and the intimacy level of the self-disclosure messages.Also, to determine the relevance of self-disclosure and the working relationship between CSRs to co-CSRs,

and CSRs to their immediate supervisor. The findings of this research suggest that the CSRs disclose to their co-CSRs and immediate supervisors on the topics about tastes and interest, work, and attitude more, than they do on body, personality and money. And the results revealed that the CSRs are more likely to disclose to their co-CSRs in general than in full details, but they are more likely to not disclose to their immediate supervisors than disclose to them in general details, full details, or misinterpret information. In addition, there exists no significant relationship between the total self-disclosure scores and work relationship scores of the CSRs.

4-The purpose of (Blackburn, 2011) study titled "The Effect of Client Self Disclosure on the Physiological Arousal of the therapist" was to evaluate the effect of client self-disclosure on the physiological arousal of the therapist and subsequent ratings of the therapeutic alliance, session smoothness and session depth. The results of this research suggest that no significant relationships were found to exist between client self-disclosure and the physiological arousal of the therapist. Positive correlations were found to exist between the occurrence of client self-disclosure and the physiological arousal of the therapist as well as between the occurrence of client self disclosure and the therapeutic alliance. The physiological arousal of the therapist was also found to be positively correlated with the strength of the therapeutic alliance. The results revealed that the occurrence of client self-disclosure is related to the strength of the therapeutic alliance.

5-Study of (Smith, 2010) titled "Therapist Self-Disclosure with Adolescents: A Consensual Qualitative Research Study" hoped to provide a deeper understanding of the effective use of therapist self-disclosure with adolescents and sought to begin to fill a substantial gap in the research about therapist self-disclosure with youth (specifically adolescents) by using the consensual qualitative research method to gain a vivid, contextual understanding of the use and effects of therapist self-disclosure with adolescent clients. Results indicated that the initial therapeutic relationship influenced the intention behind therapist self-disclosures, as well as the actual content of the disclosures.

6-The purpose of (Zolowere, et al., 2008) study titled "Experiences of self-disclosure among tuberculosis patients in rural Southern Malawi" was to explore the relationship of persons to whom Tb patients disclose their diagnoses, and to identify the motivations for such disclosures. The

Study showed that the majority of patients reported having disclosed their disease status to close family members, such as spouses, siblings and parents; only a few had disclosed their status to their children. The most common way of disclosure was through personal discussion between the patient and their significant others. Some patients felt stigmatized or feared stigmatization following disclosure of their disease status and some patients on antiretroviral therapy for HIV felt stigmatized by fellow patients. Patient-to-patient interaction was perceived as a valuable resource in trying to cope with a Tb diagnosis. In addition, the findings of this study suggest that Tb patients in southern Malawi were interested in disclosing their Tb diagnosis if they felt they would not be stigmatized or stood to gain as a result of self-disclosure. Disclosure of diagnosis was facilitated by trust, a feeling of safety and a sense of obligation to others.

7-(Hyman, 2008) in his study titled "Self-Disclosure and Its Impact on Individuals Who Receive Mental Health Services" identified discrimination and stigma as being a central obstacle to recovery for individuals with mental illnesses, and that stigma associated with mental illnesses is one of the most persistent problems individuals face. It is fundamental to discrimination in housing, employment, and insurance. It prevents treatment, and it impedes recovery. Research on addressing discrimination and stigma has shown that individuals' attitudes improve when they have direct contact with persons with mental illnesses, when they can get to know people beyond labels and myths. The findings from interviews of mental health consumers indicated that hiding information and worrying that someone will discover one's secrets consumes a lot of personal energy. A number of individuals felt it was important to tell their stories. In fact, they saw self-disclosing as a mission to give others hope, increase public awareness, and help make it easier for others to reveal their experiences with mental illnesses.

8-The study of (Champion, 2007) titled " Effects of participant disclosure tendencies and physician verbal behavior on participant willingness to disclose facts: an analogue study" attempted to explain some of the factors related to patient self disclosure in the medical encounter, including gender dynamics, patient overall concealment tendency and physician verbal behavior. Participants were asked to put themselves in the place of patients while listening to audio files of three staged doctor visits (no problem scenario, fatigue scenario and diabetes scenario).Results indicated that the experimental manipulation was indeed salient to the participants, and the

proposed covariates were statistically useful. Initial analysis suggested that the no problem scenario was conceptually different from the other two scenarios. In the fatigue and diabetes scenarios, the feeling question resulted in greater likelihood of disclosure than did the symptom question. The self-disclosure statement resulted in the higher attractiveness ratings than did the symptom question in all three scenarios. Additional findings relating to gender were nearing critical significance levels.

3.5 Summary of west studies

It is worth noting that western studies were more comprehensive and wider than Arab and summarized as follows:

1. **Public and private organizations should promote dialogues on the concept of self-disclosure. These dialogues will provide vital information to individuals receiving the services.**

2. **Professional managers should join with customers and family advocates in developing strategies for individuals to self-disclose.**

3. **Managers in all managerial sectors should support employee workshops, meetings and seminars to address self-disclosure in further examining the pros and cons to disclosure and offering a dialogue for other consumers to hear how and when individuals have disclosed.**

CHAPTER FOUR

Research Methodology

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Research Methodology

4.1 Introduction

This chapter intends to highlight the methodology followed in this study including sample, instrument development, its components and related tests in terms of validity and reliability tests, and explaining the statistical treatments employed for data analysis and study limitations.

4.2 Study Design

The study design was based on cross sectional study approach in that an individual case is elaborately studied; relevant data are gathered and analyzed to conclude the results. This approach was applied on Al Hussein Cancer Center.

4.3 The Study Population

Population consists of all active adult patients (more than 18 years) in Al Hussein Cancer Center-Jordan and selection was based on interviews conducted by the researcher with the Social Service Director. Depending on recent statistics, Al Hussein Cancer Center provides medical service to (8060) active adult cases (>18 years) by (231) medical professionals and (600) nurses, according to the latest statistics at the center in 2013.

4.4 The Study Sample

Participants were identified through interviews conducted by the researcher with the Social Service Director at Al Hussein Cancer Center and the sample was selected from Al Hussein Cancer Center-Jordan once their approval was secured. Questionnaires were administered to the selected participants.

4.5 Data Collection Method

Data were gathered from two sources:

1. Secondary Sources: Include books, relevant literature, articles and prior studies.

2. Primary Sources: Include data collected using the specially designed questionnaire in this study.

4.6 Development of Study Tool

Items were coined based on related literature, prior studies, books, articles and dissertations so, that the questionnaire will achieve the study goals and questions. The questionnaire consists of two parts (see appendix 1):

Part One: Demographic data about patients at Al Hussein Cancer Center.
Part Two: Consists of items measuring participant responses to study questions.

4.7 Special Tests Measuring Tool

4.7.1 Validity

The questionnaire items were discussed with the supervisor to make sure that the study scale measures what was designed to measure. Based on remarks from the supervisor, some items were modified or rewritten for greater clarity.

The questionnaire design depended on previous scales such as (Jourard, 1987), (Jamandre, et al., 2011) and (Jaradat ,1995), since there instruments are properly judged, and originally tested for validity and reliability. As a result the decision was judging of the study by faculties in and out the department, to reach high degree of validity and reliability.

4.7.2 Reliability

Chronbach internal consistency coefficient was used to verify reliability of the instrument in order to make sure that the scale does not result in false data on replication using the same instrument under same conditions.

Table 4.1: Reliability coefficients for each of the questionnaire dimensions

Dimension	Cronbach's alpha coefficient
Self-disclosure with other cancer patient	0.85
Self-disclosure with doctor	0.83
Self-disclosure with nurse	0.84
Self-disclosure benefits	0.84
Self-disclosure hindrances	0.89

4.8 Analysis Scale

The scale used for analysis in this study was:

(1) Nominal scale with items to measure the demographics of the first part of the questionnaire.

(2) Likert 4-item scale to measure the second part of the questionnaire.

(3) Likert 5-item scale to measure the third part of the questionnaire.

4.9 Study Application Procedures (Questionnaire)

The questionnaires were distributed by hand to patients at Al Hussein Cancer Center with a covering letter stating that the purpose of the study was to attain Master in Business Administration Degree from the Yarmouk University and assurance that the data provided will be dealt with in secrecy. A total of (420 adult patients) were returned back out of (500) questionnaires distributed representing (84%). Then questionnaires were sorted to check whether are analyzable or un-analyzable and all were found analyzable. The process of questionnaire distribution, collection and sorting continued over a period of one month.

4.10 Statistical Methods

To achieve the study goals, the researcher employed the Statistical Package for Social Sciences (SPSS) to analyze data and conclude results as follow:

- **Percentages and frequencies to describe the participant characteristics.**
- **Standard deviations and means to identify participant responses to each of the questionnaire items.**

- **Cronbach's alpha coefficient to measure reliability.**
- **One sample T-test and ANOVA-test was used to identify significant differences in self disclosure practice according to participant characteristics.**

4.11 Determinants of study

Major difficulties faced the researcher in the present study:

1. **Responding to questionnaire items depends on opinions and attitudes of participants and truthfulness.**

2. **Dearth of Arab studies investigated self-disclosure practice in general and there was no Arab study to investigate self-disclosure behavior in medical workplace (to the researcher's knowledge).**

3. **Lack of both West and Arab literature that addressed self-disclosure since this concept is relatively new in business field.**

4. **It is worth to note that one of the most significant difficulties was interacting with certain patient populations and were excluded from the sample because they were unable or uninterested in completing the questionnaire, including:**

- **Patients represent advanced cancer cases.**
- **Patients complaining forgetfulness due to aging or advanced cancer.**
- **Some cancer patients, who refused respond to the questionnaire because they are depressed.**
- **Children within the age group (12-18) years as they need special criteria and procedures in the study, for instance use the interview rather than questionnaire to measure their self-disclosure level.**

CHAPTER FIVE

Study Results and Discussion

CHAPTER FIVE

Study Results and Discussion

5.1 Introduction

This chapter displays, analyzes and discusses study questions and results, and present a description of participant characteristics followed by a more comprehensive discussion of questions and results.

5.2 Description of the demographic characteristics of the respondents

The following table shows the participants distribution by demographics:

Table 5.1: Frequencies and percentages for participant's demographic, (n=420)

Variable		Frequency	Percentage
Gender	Male	130	31.0
	Female	290	69.0
	Total	420	100.0
Age	19-24Year	16	3.8
	25-35 Year	42	10.0
	36-45 Year	62	14.8
	46-55 Year	112	26.7
	56 Year or more	188	44.8
	Total	420	100.0
Marital Status	Single	57	13.6
	Married	295	70.2
	Widow	57	13.6

Variable		Frequency	Percentage
	Other	11	2.6
	Total	420	100.0
Educational level	General secondary education or less	204	48.6
	BA	85	20.2
	MA	98	23.3
	PhD	22	5.2
	Diploma	11	2.6
	Total	420	100.0
Cancer Type	Lung	18	4.3
	Brain	15	3.6
	Breast	176	41.9
	Cervical	7	1.7
	Colorectal	36	8.6
	Leukemia	24	5.7
	Oral	3	0.7
	Prostate	26	6.2
	Skin	2	0.5
	Uterine	14	3.3
	Testicular	3	0.7
	Ovarian	3	0.7
	Stomach	17	4.0
	Bone	60	14.3
	Pancreas	13	3.1
	lymph glands	3	0.7

Variable		Frequency	Percentage
	Total	420	100.0
Length of Disease	Less than a year	103	24.5
	1-5 yrs	209	49.8
	6-10 yrs	78	18.6
	10 yrs or more	30	7.1
	Total	420	100.0
Length of Treatment	Less than a year	116	27.6
	1-5 yrs	204	48.6
	6-10 yrs	73	17.4
	10 yrs or more	27	6.4
	Total	420	100.0

Table 5.1 shows participants distribution by demographics (gender, age, marital status, educational level, type of cancer, length of disease, and length of treatment). As shown by results, females dominated (69%) cancer patients at Al Hussein Cancer Center and male patients accounted for (31%) of the sample.

Table 5.1 shows participants distribution by age. Results show that respondents mostly were among the age group (56 year or more) representing (44.8%) of the sample, followed by the age group (46-56 year). However, the respondents fallen within the age group (19-24 year) accounted for (3.8%) of the sample representing a little proportion.

For marital status variable, table 5.1 shows that married accounted for the largest percentage (70.2%) of the sample, but the lowest percentage reached (2.6%) for other.

Regarding educational level table 5.1 shows that large number of participants are holders of General secondary education or less (48.6%), followed by holders of MA (23.3%), next BA holders (20.2%), next PhD holders (5.2%) and finally the Diploma holders (2.6 %).

Distribution of participants by cancer type, respondents diagnosed to have Breast cancer represented (41.9%) of the sample, followed by Bone cancer representing (14.3%), and least proportion (0.5%) was for patients diagnosed with Skin cancer.

As for participant distribution by disease duration, the highest proportion was for patients within the group (1-5 years) represented (49.8 %) of the sample, then patients experienced disease from (less than a year) represented (24.5 %) of the sample, and the least proportion was for patients experienced disease from (10 years or more) represented (7.1 %) of the sample.

As for participant distribution by treatment duration, the highest proportion was for patients within the group (1-5 years) represented (48.6 %) of the sample, then patients experienced disease from (less than a year) represented (27.6%) of the sample, and the least proportion was for patients experienced disease from (10 years or more) represented (6.4%) of the sample.

5.3 Discussion of the results

This study attempts to answer the study questions:-

1-What is the level of self-disclosure among patients at King Hussein Cancer Center? And to what extent does this kind of communication available among the medical team providing the service?

Patients' self-disclosure to (doctor, nurse and other cancer patient) were measured, and issues disclosed were divided into two groups: self-disclosure about personal issues which measured by items (1-17) and self-disclosure related to disease issues which measured by items (18-35). To indicate the disclosure level, the following scale was used:

1. **Mean estimates of (1-1.99) corresponds to high disclosure level (patient talks elaborately about this item)**
2. **Mean estimates of (2 - 2.99) corresponds to moderate disclosure level (patient talks generally about this item).**

3. **Mean estimates of (3- 4) corresponds to low disclosure level which reached to absence (patient does not talk about this item).**

To answer the previous question, means, standard deviations and disclosure degree of items related to cancer patient's self-disclosure level at Al Hussein Cancer Center were computed and detailed results follow.

Table 5.2: Means, Std. Deviations, and disclosure degree of self-disclosure related to personal issues, (n=420)

No	Item	Doctor			Nursing Staff			Other Cancer Patient		
		Mean	Std. Deviation	Disclosure Degree	Mean	Std. Deviation	Disclosure Degree	Mean	Std. Deviation	Disclosure Degree
1	My hobby like reading, sports, etc.	3.45	1.10	Absence	3.58	0.96	Absence	3.49	1.05	Absence
2	Music & lyrics that are favorite and not favorite to me	3.83	0.64	Absence	3.87	0.53	Absence	3.77	0.71	Absence
3	My views in social issues like unemployment, poverty, expensive cost of life...etc.	3.63	0.88	Absence	3.70	0.76	Absence	3.44	1.02	Absence
4	Things abusive to me too much.	2.45	1.42	Moderate	3.34	1.08	Absence	3.53	0.98	Absence
5	Things that make me annoyed or embarrassed to talk about.	2.40	1.44	Moderate	3.36	1.09	Absence	3.57	0.94	Absence
6	My imperfections and how I feel with them.	2.52	1.45	Moderate	3.45	1.02	Absence	3.63	0.88	Absence
7	When I have a health problem like a headache, or sleep disorder, etc.	1.10	0.45	High	2.45	1.33	Moderate	2.96	1.28	Moderate
8	If I need to improve my shape and health condition.	1.26	0.79	High	2.55	1.33	Moderate	2.95	1.28	Moderate

No	Item	Doctor			Nursing Staff			Other Cancer Patient		
		Mean	Std. Deviation	Disclosure Degree	Mean	Std. Deviation	Disclosure Degree	Mean	Std. Deviation	Disclosure Degree
9	Things that make me feel depressed or very sad.	2.41	1.44	Moderate	3.31	1.10	Absence	3.52	0.97	Absence
10	My history or sickness and depression.	1.24	0.79	High	2.61	1.35	Moderate	3.08	1.26	Absence
11	Things that I like receive as a gift.	3.95	0.38	Absence	3.93	0.43	Absence	3.91	0.48	Absence
12	If I have debt or a financial obligation.	3.93	0.41	Absence	3.94	0.39	Absence	3.94	0.39	Absence
13	Pretty things in my life make me optimistic.	2.30	1.42	Moderate	3.07	1.26	Absence	3.22	1.21	Absence
14	Expense strategies whether on basic or luxurious things.	3.91	0.46	Absence	3.93	0.41	Absence	3.94	0.36	Absence
15	My intense need for money at present to meet my needs.	3.96	0.32	Absence	3.94	0.39	Absence	3.94	0.39	Absence
16	My personal goals and ambitions in my career life.	2.71	1.40	Moderate	3.27	1.12	Absence	3.34	1.12	Absence
17	Things that make me feel proud and self-esteemed.	2.63	1.40	Moderate	3.19	1.18	Absence	3.29	1.15	Absence
Total Mean for each dimension		2.80			3.38			3.50		
Total Mean of personal issues = 3.22										

Patient's self-disclosure about personal issues with doctor, nursing staff, and other cancer patient:

Self-disclosure level related to personal issues with doctor:

Table 5.2 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to personal issues with doctor, with mean values ranging between (3.96 - 1.10) and most of them implying moderate level of disclosure.

The items (7, 10, & 8) were rated respectively at high disclosure degree, with the highest rating was for item (7), which refers to "When I have a health problem like a headache, or sleep disorder, etc" with a mean value of (M=1.10). The other items were rated moderately, and the least rating was for item (15), which refers to "My intense need for money at present to meet my needs", obtaining the least mean score (M=3.96).

Results show that items rated moderately imply issues no longer considered private for patients as they disclose individual feelings about themselves, how they think and how they manage their personal affairs. The researcher, therefore, evaluate that patient less tending to talk about personal issues elaborately fearing that other people would change their views or impressions about him/her ,so declining talk about such topics.

The previous table shows that overall items were estimated mean value (M=2.80) and moderate disclosure rating, indicating that self-disclosure level of personal issues by cancer patients at Al Hussein Cancer Center with doctors was moderate. This means that patients talk about general personal issues with the doctor. So, the researcher consider that the reason would be that patients prefer isolate their personal lives from the life at Al Hussein Cancer Center.

Self-disclosure level related to personal issues with nursing staff:

Table 5.2 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to personal issues with nursing staff, with mean values ranging between (3.94 - 2.45) and most of them implying few level of disclosure.

The items (7, 8 & 10) were rated respectively at moderate disclosure degree, with the highest rating was for item (7), which refers to "When I have a health problem like a headache, or sleep disorder, etc" with a mean value of (M=2.45).The other items were rated low disclosure level, and the least rating was for item (15), which refers to "My intense need for money at present to meet my

needs", Obtaining the least mean score (M=3.94) and item (12),which refers to "If I have debt or a financial obligation", obtaining the least mean score (M=3.94).

The table shows that overall items were estimated mean value (M=3.38), indicating that self-disclosure level of personal issues by cancer patients at Al Hussein Cancer Center with nursing staff was low. This means that patients don't talk about personal issues with the nursing staff. So, the researcher considers that the reason would be that patients prefer reserve these issues for themselves rather than sharing them with the nursing staff.

Self-disclosure level related to personal issues with other cancer patient:

Table 5.2 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to personal issues with other cancer patient, with mean values ranging between (3.94 - 2.95) and most of them implying low disclosure level.

The items (8 & 7) were rated respectively at moderate disclosure degree, with the highest rating was for item (8), which refers to "If I need to improve my shape and health condition", with a mean value of (M=2.95). The other items were rated low disclosure level, and the least rating was for items (12, 14 & 15) , which respectively refer to "If I have debt or a financial obligation, Expense strategies whether on basic or luxurious things, My intense need for money at present to meet my needs" with a mean value of (M=3.94).

The previous table shows that overall items were estimated mean value (M=3.50), indicating that self-disclosure level of personal issues by cancer patients at Al Hussein Cancer Center with other cancer patient was absence. This means that patients never talk about personal issues with the other patients.

Patient's self-disclosure about disease issues with doctor, nursing staff and other cancer patient:

Table 5.3: Means, Std. Deviations, and disclosure degree of self-disclosure related to disease issues, (n=420)

No	Item	Doctor			Nursing Staff			Other Cancer Patient		
		Mean	Std. Deviation	Disclosure Degree	Mean	Std. Deviation	Disclosure Degree	Mean	Std. Deviation	Disclosure Degree

18	Things that make me feel anxious and scared about my health condition.	1.22	0.74	High	2.45	1.34	Moderate	2.87	1.33	Moderate
19	The feeling that I am accepted or declined by my community.	3.00	1.28	Absence	3.41	1.03	Absence	3.49	0.99	Absence
20	My feelings towards esteem and respect by others in the community.	2.81	1.29	Moderate	3.21	1.13	Absence	3.35	1.08	Absence
21	Strengths that make me stronger in life situations.	2.40	1.38	Moderate	3.05	1.22	Absence	3.16	1.21	Absence
22	Things make me bored and depressed in my life.	2.45	1.41	Moderate	3.24	1.13	Absence	3.43	1.06	Absence
23	Difficulties & challenges faced during my sickness years.	1.25	0.80	High	2.37	1.35	Moderate	2.79	1.37	Moderate
24	My feelings about the best way of dealing with cancer patients by doctors.	1.35	0.87	High	2.31	1.33	Moderate	2.72	1.38	Moderate
25	My feelings towards my own disease, health condition and how serious is my case.	1.08	0.42	High	2.22	1.33	Moderate	2.69	1.38	Moderate
26	Weaknesses I feel towards my disease that prevent me ask questions or explanation about progress of my case.	1.22	0.71	High	2.37	1.36	Moderate	2.80	1.36	Moderate
27	How satisfied with the treatment and quality of medical service provided.	1.12	0.52	High	1.81	1.17	High	2.49	1.41	Moderate
28	My feeling toward professional providing the medical service.	1.16	0.58	High	1.75	1.12	High	2.48	1.40	Moderate
29	My general attitudes towards cancer patients.	1.63	1.13	High	2.07	1.25	Moderate	2.52	1.39	Moderate

30	**I talk about my medical information about cancer, how interested I am in my health condition.**	**1.54**	**1.11**	**High**	**2.32**	**1.34**	**Moderate**	**2.69**	**1.39**	**Moderate**
31	**My feeling after Calisthenics and how satisfied about my fitness and relation with health condition.**	**1.59**	**1.14**	**High**	**2.35**	**1.35**	**Moderate**	**2.69**	**1.38**	**Moderate**
32	**I talk about my consciousness causes of chronic diseases like cancer.**	**1.57**	**1.12**	**High**	**2.35**	**1.35**	**Moderate**	**2.71**	**1.39**	**Moderate**
33	**The talk about my interest in medical articles and programs.**	**1.60**	**1.15**	**High**	**2.39**	**1.36**	**Moderate**	**2.71**	**1.39**	**Moderate**
34	**The talk about my interest in having healthy food.**	**1.50**	**1.06**	**High**	**2.36**	**1.36**	**Moderate**	**2.68**	**1.39**	**Moderate**
35	**The talk about my religious beliefs, fate and destiny and its role in coping with the disease.**	**1.45**	**0.90**	**High**	**2.14**	**1.25**	**Moderate**	**2.54**	**1.39**	**Moderate**
Total mean for each dimension		**1.66**			**2.45**			**2.82**		
Total Mean of disease related issues =2.31										

Self-disclosure level related to disease issues with doctor:

Table 5.3 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to disease issues with doctor, with mean values ranging between (3 -1.08) and most of them implying high level of disclosure.

The items (25, 27 , 28 , 18 ,26 ,23 , 24 , 35, 34 ,30 ,32 ,31 ,33 & 29) were rated respectively at high disclosure degree, with the highest rating was for item (25), which refers to "My feelings towards my own disease, health condition and how serious is my case", with a mean value of (M= 1.08). The other items were rated moderately, and the least rating was for item (19), which refers to "The feeling that I am accepted or declined by my community", obtaining the least mean score (M=3).

Clearly, the items with high disclosure rating were describing patient’s positive feelings. The researcher considers that the patients talk about these topics elaborately because they feel unembarrassed with them, and would like to establish a stronger interrelationship with their doctor, create a relaxed climate and feelings of comfort about the health situation.

Perceivably, items rated at moderate disclosure level reflect negative feelings such as anxiety and fear. The researcher may explain this result that such issues would threaten their identities, or may change the way others look at them that they prefer reserve these issues for themselves rather than sharing them with the doctor.

The table mentioned above, shows that items as overall were rated mean value of (M=1.66) and high disclosure degree, indicating that self-disclosure level was high with doctors regarding the disease issues. This means that patients talk elaborately about the disease facts more than about their personal issues. This result can be attributed to doctor's character, and also to the fact that patients in general are exposing to the same conditions during the treatment period thereby generates similar responses.

Self-disclosure level related to disease issues with nursing staff:

Table 5.3 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to disease issues with nursing staff, with mean values ranging between (3.05 – 1.75) and most of them implying moderate level of disclosure.

The items (28 & 27) were rated respectively at high disclosure degree, with the highest rating was for item (28), which refers to "My feeling toward professional providing the medical service", with a mean value of (M= 1.75). The other items were rated moderate disclosure level, and the least rating was for item (21), which refers to "Strengths that make me stronger in life situations", obtaining the least mean score (M=3.05).

The table previously mentioned ,shows that overall items were estimated mean value (M=2.45), indicating that self-disclosure level of disease issues by cancer patients at Al Hussein Cancer Center with nursing staff was moderate. Perceivably, most of items measuring self-disclosure regarding

disease issues with the nursing staff revealed that disease issues were self-disclosed superficially with the nursing staff.

Self-disclosure level related to disease issues with other cancer patient:

Table 5.3 shows means, standard deviations and disclosure degree related to Al Hussein Cancer Center patient's self-disclosure level related to disease issues with other cancer patient, with mean values ranging between (3.16 - 2.48) and most of them implying moderate disclosure level.

The items (28, 27, 29, 35, 34, 25, 30, 31, 32, 33, 24, 23, 26 & 18) were rated respectively at moderate disclosure degree, with the highest rating was for item (28), which refers to "My feeling toward professional providing the medical service" ,with a mean value of (M= 2.48). The other items were rated low disclosure level, and the least rating was for item (21), which refers to "Strengths that make me stronger in life situations", with the least mean score (M=3.16).

The table mentioned above, shows that overall items were estimated mean value (M=2.82), indicating that self-disclosure level of disease issues by cancer patients at Al Hussein Cancer Center with other cancer patient was moderate. This means that patients talk generally about that disease issues with the other patients.

Overall self disclosure practice with doctor, nursing staff and other cancer patient:

1. **Self disclosure with doctor: Both tables 5.2 and 5.3 show means, standard deviations and disclosure degree as revealed by the items related to cancer patient self-disclosure at Al Hussein Cancer Center , where the mean values ranged between (1.08 – 3.96), being the highest mean for item (15),which refers to "My intense need for money at present to meet my needs", but the lowest mean was for item (25), which refers to "My feelings towards my own disease, health condition and how serious is my case".**

   The overall mean for self-disclosure with doctor was (2.23), this result demonstrates that despite patient talk elaborately with the doctor, however, the overall disclosure degree was still moderate, i.e., patients talk with the doctor without getting deep. This result clearly shows that

patients still somewhat reserved unopened and restricts disclosure about their wishes, wants, feelings and needs.

2. **Self disclosure with nursing staff: Mean for Self-Disclosure with nursing staff range between (1.75 – 3.94), being the same high mean for items (12, 15), which respectively refer to “If I have debt or a financial obligation, My intense need for money at present to meet my needs", but the lowest mean was for item (28), which refers to "My feeling toward professional providing the medical service". The overall mean for self-disclosure with nursing staff was (2.91).**

3. **Self disclosure with Other Cancer Patient : Mean for self-disclosure with other cancer patient range between (2.48 – 3.94), being the highest mean for items(12,14, & 15), which respectively refer to " If I have debt or a financial obligation ,Expense strategies whether on basic or luxurious things, My intense need for money at present to meet my needs ", but the lowest mean was for item(28),which refers to " My feeling toward professional providing the medical service" .The overall mean for self-disclosure with other cancer patient was (3.16).**

The researcher would attribute the result that doctor had the highest proportion to the observation that usually a patient may feel that doctor is the one most sympathy with him/her, most knowledgeable with the health condition, and the most supportive source of assurance to patient. Taking this in mind, normally patients would find a tendency to have a stronger relationship with the doctor and more closeness than others.

The nurses come in the next place as they have good knowledge about their case but because of insufficient time schedule and large number of patients, they had lesser talk with patients and low disclosure levels compared with doctors.

As for patient-to-patient self-disclosure had the lowest proportion of practice less than with the nursing staff, this is so because cancer patients are exposing to the same stress and anxiety and experience similar environmental conditions and the relationship with them is weaker that the patients share their feelings with them. This result shows that cancer patients are generally

reserved when disclose their feelings at Al Hussein Cancer Center as they never talk about themselves.

The tables 5.2 and 5.3 show moderate self-disclosure level among cancer patients at Al Hussein Cancer Center on all dimensions. In addition, the table shows that the mean scores of self-disclosure levels regarding disease issues in general were higher than mean scores of disclosure degrees related to personal issues on all dimensions of the study. The researcher considers this an expected result as naturally patients may talk about cancer disease facts in general more than personal issues since there are common issues need to be shared among cancer patients.

The Second Question:

3- **Are there statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, marital status, educational level, type of cancer, length of disease, and length of treatment)?**

To answer this question, means and standard deviations of self-disclosure behavior among cancer patients at Al Hussein Cancer Center were computed by gender. Further, T-test was applied to find out significant differences among means according to gender.

T-test results:

Table 5.4: Self-disclosure T-test of gender variable, (n=420)

Dimension	Gender	Mean	S.D	T	Sig.(2-tailed)
Doctor	Male	2.1822	49187.	-0.91	0.36
	Female	2.2345	56619.		
Nursing Staff	Male	2.8204	76727.	-1.51	0.13
	Female	2.9417	75632.		
Other Cancer Patient	Male	3.2501	82043.	1.61	0.11
	Female	3.1067	85623.		

Table 5.4 mentioned above, shows the results of the T-test that was taken to check if there are any statistical differences at the level of (α ≤ 0.05) in mean scores of overall self-disclosure practice with doctor, nursing staff and other cancer patient according to gender. The table shows no statistically significant differences at the level (α ≤ 0.05) of self-disclosure practice among patients at King Hussein Cancer attributed to gender implying resemblance of self-disclosure practice between males and females, with all dimensions (Doctor , Nursing staff and other cancer patient).

ANOVA-test results:

Also, to answer the previous question, ANOVA-test was applied to identify significance of differences in self-disclosure behavior among cancer patients at Al Hussein Cancer Center by (age, marital status, educational level, cancer type, length of disease, and length of treatment), with all dimensions (doctor, nursing staff, and other cancer patient).

ANOVA-test results of the following study variables (age, marital status, educational level, cancer type, length of disease, and length of treatment) according to doctor:

Table 5.5: ANOVA-test results of the study demographics (age, marital status, educational level, cancer type, length of disease, and length of treatment), according to doctor, (n=420)

Variable		Mean	Std. Deviation	F	Sig.
Age	19-24Year	2.27	0.53	0.64	0.63
	25-35 Year	2.10	0.50		
	36-45 Year	2.26	0.53		
	46-55 Year	2.21	0.57		
	56 Year or more	2.23	0.54		
Marital Status	Single	2.12	0.60	3.28	*0.02
	Married	2.20	0.50		
	Widow	2.41	0.64		
	Other	2.12	0.60		
Educational	General secondary education or less	2.21	0.54	2.55	*0.03

Variable		Mean	Std. Deviation	F	Sig.
level					
	BA	2.31	0.51		
	MA	2.24	0.57		
	PhD	2.02	0.50		
	Diploma	1.89	0.55		
Cancer Type	Lung	2.34	0.57	0.88	0.58
	Brain	2.29	0.56		
	Breast	2.24	0.59		
	Cervical	2.27	0.38		
	Colorectal	2.17	0.56		
	Leukemia	2.08	0.45		
	Oral	1.78	0.19		
	Prostate	2.07	0.41		
	Skin	2.11	0.28		
	Uterine	2.25	0.50		
	Testicular	1.94	0.32		
	Ovarian	2.47	0.59		
	Stomach	2.12	0.58		
	Bone	2.30	0.52		
	Pancreas	2.27	0.55		
	lymph glands	1.72	0.26		
Length of Disease	Less than a year	2.36	0.54	3.39	*0.01
	1-5 yrs	2.19	0.55		
	6-10 yrs	2.16	0.53		

Variable		Mean	Std. Deviation	F	Sig.
	10 yrs or more	2.09	0.50		
Length of Treatment	Less than a year	2.34	0.53	3.26	*0.02
	1-5 yrs	2.19	0.55		
	6-10 yrs	2.17	0.53		
	10 yrs or more	2.06	0.50		

*Statistical level at α ≤ 0.05

Table 5.5 mentioned above, shows the results of the ANOVA-test that was taken to check if there are any statistical differences at the level of (α ≤ 0.05) of overall self-disclosure practice to doctor according to following variables: age, educational level, marital status, cancer type, length of disease, and length of treatment. The table shows, no statistically significant differences at the level (α ≤ 0.05) of self-disclosure practice among patients at King Hussein Cancer attributed to age and cancer type, implying the self-disclosure practice among patients was indifferent by age, and no matter which type of cancer they have.

The previous table, shows statistically significant differences at the level (α ≤ 0.05) of self-disclosure to (Doctor) among patients at King Hussein Cancer attributed to the following variables of the study (marital status, educational level, length of disease, and length of treatment), due to the F. values of mitral status ,education attainment, length of disease and length of treatment reached respectively (3.28, 2.55, 3.39, & 3.26) with the following Sig. values (0.02, 0.03, 0.01 ,& 0.02), implying there are significant differences due marital status , educational level and length of both disease and treatment , therefore to explore the source of differences Post Hoc Test (Scheffe) was applied, where the differences found respectively in favor of Widow , in favor of BA holder , and in favor of less than a year for both length of disease and treatment .

ANOVA-test results of the following study variables (age, marital status, educational level, cancer type, length of disease, and length of treatment) according to nursing staff:

Table 5.6: ANOVA-test results of the study demographics (age, marital status, educational level, cancer type, length of disease, and length of treatment), according to nursing staff, (n=420)

Variable		Mean	Std. Deviation	F	Sig.
Age	19-24Year	2.82	0.72	0.88	0.47
	25-35 Year	2.73	0.79		
	36-45 Year	2.85	0.69		
	46-55 Year	2.94	0.76		
	56 Year or more	2.95	0.78		
Marital Status	Single	2.68	0.88	4.93	*0.00
	Married	2.91	0.73		
	Widow	3.16	0.74		
	Other	2.52	0.77		
Educational Level	General secondary education or less	2.91	0.76	3.85	*0.00
	BA	3.05	0.68		
	MA	2.93	0.77		
	PhD	2.50	0.73		
	Diploma	2.36	0.98		
Cancer Type	Lung	2.97	0.88	1.21	0.26
	Brain	2.79	0.88		
	Breast	2.90	0.76		
	Cervical	3.04	0.62		
	Colorectal	2.87	0.81		
	Leukemia	2.81	0.77		
	Oral	2.29	0.26		
	Prostate	2.90	0.79		

Variable		Mean	Std. Deviation	F	Sig.
	Skin	2.13	0.26		
	Uterine	3.32	0.61		
	Testicular	2.02	0.27		
	Ovarian	3.20	1.04		
	Stomach	2.71	0.82		
	Bone	3.04	0.66		
	Pancreas	2.84	0.80		
	lymph glands	2.48	0.71		
Length of Disease	Less than a year	2.88	0.72	0.28	0.84
	1-5 yrs	2.93	0.76		
	6-10 yrs	2.85	0.80		
	10 yrs or more	2.94	0.80		
Length of Treatment	Less than a year	2.88	0.72	2.88	0.72
	1-5 yrs	2.93	0.76		
	6-10 yrs	2.85	0.80		
	10 yrs or more	2.94	0.80		

***Statistical level at $\alpha \leq 0.05$**

Table 5.6 mentioned above shows the results of the ANOVA-test that was taken to check if there are any statistical differences at the level of ($\alpha \leq 0.05$) of overall self-disclosure practice to nursing staff according to following variables: age, educational level, marital status, cancer type, length of disease, and length of treatment. The table shows no statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure practice among patients at King Hussein Cancer attributed to age, cancer type, length of disease and length of treatment, which means that the self-disclosure practice among patients was indifferent by age, length of treatment, length of disease and no matter which type of cancer they have.

The previous table shows statistically significant differences at the level (α ≤ 0.05) of self-disclosure to (nursing staff) among patients at King Hussein Cancer attributed to the following variables of the study (marital status and educational level), due to the F. values of mitral status and education attainment reached respectively (4.93 & 3.85) with the same Sig. value (0.00), implying there are significant differences due marital status and educational level, therefore to explore the source of differences Post Hoc Test (Scheffe) was applied, where the differences respectively found in favor of Widow and BA holder.

ANOVA-test results of the following study variables (age, marital status, educational level, cancer type, length of disease, and length of treatment) according to other cancer patient:

Table 5.7: ANOVA-test results of the study demographics (age, marital status, educational level, cancer type, length of disease, and length of treatment), according to other cancer patient, (n=420)

Variable		Mean	Std. Deviation	F	Sig.
Age	19-24Year	3.07	0.74	3.26	*0.01
	25-35 Year	2.85	0.88		
	36-45 Year	3.12	0.83		
	46-55 Year	3.05	0.88		
	56 Year or more	3.30	0.82		
Marital Status	Single	2.68	0.88	4.93	*0.00
	Married	2.91	0.73		
	Widow	3.16	0.74		
	Other	2.52	0.77		
Educational Level	General secondary education or less	2.91	0.76	3.85	*0.00
	BA	3.05	0.68		
	MA	2.93	0.77		

Variable		Mean	Std. Deviation	F	Sig.
	PhD	2.50	0.73		
	Diploma	2.36	0.98		
Cancer Type	Lung	3.60	0.73	1.39	0.14
	Brain	3.34	0.90		
	Breast	3.03	0.88		
	Cervical	3.42	0.65		
	Colorectal	3.10	0.85		
	Leukemia	3.38	0.81		
	Oral	3.46	0.94		
	Prostate	3.44	0.72		
	Skin	2.96	1.15		
	Uterine	3.33	0.72		
	Testicular	2.44	0.83		
	Ovarian	3.44	0.97		
	Stomach	2.91	0.89		
	Bone	3.18	0.78		
	Pancreas	3.03	0.87		
	lymph glands	2.79	1.29		
Length of Disease	Less than a year	3.26	0.77	0.95	0.41
	1-5 yrs	3.11	0.85		
	6-10 yrs	3.16	0.92		
	10 yrs or more	3.04	0.86		
Length of Treatment	Less than a year	3.28	0.76	1.56	0.19
	1-5 yrs	3.07	0.86		

Variable		Mean	Std. Deviation	F	Sig.
	6-10 yrs	3.19	0.92		
	10 yrs or more	3.08	0.90		

*Statistical level at $\alpha \leq 0.05$

The table mentioned above, shows no statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure practice to (other cancer patient) among patients at King Hussein Cancer attributed to the following variables of the study (cancer type, length of disease, and length of treatment), implying that the cancer patients disclosed to each other regardless type of cancer or the duration of disease or treatment.

The previous table shows statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure to (other cancer patient) among patients at King Hussein Cancer attributed to the following variables of the study (age, marital Status, and educational Level), due to the F. values of age, mitral status and education attainment reached respectively (3.26,4.93 & 3.85) with the following Sig. values (0.01, 0.00, & 0.00), implying there are significant differences due age, marital status, and educational level, therefore to explore the source of differences Post Hoc Test (Scheffe) was applied, where the differences respectively found in favor of patients in the age group 56 year or more, widow and BA holder.

Results summary for both T-test and ANOVA-test:

1. **No statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, cancer type, length of disease, and length of treatment).**

2. **Statistically significant differences at the level ($\alpha \leq 0.05$) of self disclosure among patients at King Hussein Cancer attributed to the following variable of the study (marital status and educational Level), in favor of widow and BA holder.**

3. **No statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure to doctor among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, and cancer type).**

4. **Statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure to doctor among patients at King Hussein Cancer attributed to the following variables of the study (marital status, educational level, length of disease, and length of treatment), so this indicates there are significant differences due marital status in favor of widow, due educational level in favor of BA holder, due length of Disease in favor of less than a year, and due length of treatment in favor of less than a year.**

5. **No statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure to nursing staff among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, cancer type, length of disease and length of treatment).**
6. **Statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure to nursing staff among patients at King Hussein Cancer attributed to the following variables of the study (marital status and educational level), so this indicates there are significant differences due marital status in favor of widow, and due educational level in favor of BA holder.**

7. **No statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure to other cancer patient among patients at King Hussein Cancer attributed to the following variables of the study (gender, cancer type, length of disease and length of treatment).**

8. **Statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure to other cancer patient among patients at King Hussein Cancer attributed to the following variables of the study (age, marital status, and educational level) So this indicates there are significant differences due age in favor of patients in age group 56 year or more, due marital status in favor of widow, and due educational level in favor of BA holder.**

Self -Disclosure Behavior:

To answer the following study questions (Q3-Q7) was extracted mean for items self-disclosure and give these items an agreement degree according to the following: ((1 - 1.66) low agreement degree, (1.67 - 2.33) moderate agreement degree and (2.34 - 3) high agreement degree).

Table 5.8: Frequencies, percentages, std. deviations, and means for self-disclosure practice, (n=420).

NO	Item	Highly Disagree		Moderately Agree		Highly Agree		Mean*	Std. Deviation
		F	%	F	%	F	%		
4	I think talking about things scaring me will make me relaxed regarding my health.	28	6.7	33	7.9	359	85.5	2.77	0.55
6	I think I feel relieved when talk about how I feel towards medical staff and service.	17	4.0	36	8.6	367	87.4	2.83	0.47
7	I think I feel comfortable when talk about difficulties faced during treatment course at Al Hussein Cancer Center.	30	7.1	29	6.9	361	86.0	2.79	0.56
Total Mean /self-disclosure reduces the feeling of stress =2.79									
2	I believe when talk about my disease that makes me more comfortable and self-confident.	37	8.8	19	4.5	364	86.7	2.78	0.59
Total Mean / increase self-confidence and the ability to cope with the disease =2.78									
8	I think my self-awareness will increase if talked about my feelings towards the medical staff and satisfaction about the medical service provided.	16	3.8	46	11.0	358	85.2	2.81	0.48
9	I think my self-awareness will increase if talked about my goals and ambitions in my practical life.	180	42.9	61	14.5	179	42.6	2.00	0.93
10	I think my self-awareness will increase if talked about my disease and feelings under treatment.	22	5.2	68	16.2	330	78.6	2.73	0.55
11	I think my self-awareness will increase if talked about my strengths in coping this disease.	149	35.5	43	10.2	228	54.3	2.19	0.93
Total Mean/self -disclosure increase self-awareness = 2.43									
1	I believe when talk about exciting things in my life that will strengthens my relationship with those with whom I talk.	11	2.6	37	8.8	372	88.6	2.86	0.42
3	I think when talk satisfactorily about my attitudes towards the quality of medical service provided that will enhance my relation with the medical professionals.	20	4.8	34	8.1	366	87.1	2.82	0.49
12	I think talking about attitudes towards best ways of dealing with patients by the medical staff will help improve the quality of service provided.	9	2.1	38	9.0	373	88.8	2.87	0.40

NO	Item	Highly Disagree		Moderately Agree		Highly Agree		Mean*	Std. Deviation
		F	%	F	%	F	%		
13	I think when talk about attitudes towards those taking care of me will help interpersonal communication.	7	1.7	37	8.8	376	89.5	2.88	0.37
14	I thinking talking about my attitudes towards the medical service will improve interpersonal communication quality.	7	1.7	37	8.8	376	89.5	2.88	0.37
Total Mean/ self-disclosure has a role in strengthening relations with the medical team = 2.86									
5	I think when talk about my disease, fears and concerns I feel better and respond to medication faster.	29	6.9	33	7.9	358	85.2	2.78	0.56
Total Mean/ self-disclosure leads to faster response to the treatment= 2.78									
Total Mean of self-disclosure behavior = 2.72									

*** Mean of 3**

Results related to question three:

3-Does self-disclosure reduces the feeling of stress and fear among patients at King Hussein Cancer Center?

To answer the question mentioned above, means, standard deviations and percentages were computed, in addition to agreement degree related to alleviating fear and anxiety feelings among cancer patients at Al Hussein Cancer Center were rated and their respective mean values ranged between (2.77- 2.83), implying high agreement degree.

Item (6),which refers to "I think I feel relieved when talk about how I feel towards medical staff and service" was rated high (M=2.83), and item (4), which refers to "I think talking about things scaring me will make me relaxed regarding my health" was rated low (M= 2.77), Table 5.8 shows that the overall items measuring mitigation of concerns and anxiety among patients at Al Hussein Cancer Center was highly rated, with a mean value of (M= 2.79), implying a high degree of the influence of self-disclosure practice on mitigating concerns and anxiety among cancer patients at Al Hussein Cancer Center.

This result can be attributed to the nature of topics addressed to alleviate feelings of concern and anxiety. Therefore, self-disclosure facilitates and enhances internal thoughts, feelings and reduces stress experienced by the person as a result of thoughts and information disclosed in form of self-revelations.

Results related to question four:

4-Does disclosure increase self-confidence and the ability to cope with the disease in patients at King Hussein Cancer Center?

To answer this question, mean, standard deviation and percentage was computed, in addition to agreement degree related to increase self-confidence and the ability to cope with the disease among cancer patients at Al Hussein Cancer Center were rated and their respective mean value was (2.78), implying high agreement degree.

Item (2), which refers to "I believe when talk about my disease that makes me more comfortable and self-confident" was highly rated (M=2.78), Table 5.8 shows that the overall item measuring the self confidence and the ability to cope with the disease among patients at Al Hussein Cancer Center was highly rated, with a mean value of (M= 2.78), implying a high degree of the influence of self-confidence and the ability to cope with the disease among cancer patients at Al Hussein Cancer Center.

Perceivably, patients at Al Hussein Cancer Center are unreserved regarding their negative feelings or fears shared with others believing such feelings might strength their relationship with others and when they disclosed that feelings might feel more comfortable and confident. This indicates that self-disclosure practice at Al Hussein Cancer Center increased patient self-confidence against this disease at a high level.

Results related to question five:

5-Does the role of self- disclosure increase the patient's sense of importance and their presence inside the King Hussein Cancer Center?

To answer this question means, standard deviations and percentages were computed, in addition to agreement degree related to increase the patient's sense of importance and their presence inside the King Hussein Cancer Center were rated and their respective mean values ranged between (2-2.81), implying moderate to high agreement degree.

Item (8), which refers to "I think my self-awareness will increase if talked about my feelings towards the medical staff and satisfaction about the medical service provided" was rated high, with a mean value of (M=2.81), and item(9), which refers to " I think my self-awareness will increase if talked about my goals and ambitions in my practical life" was rated low, with a mean value of (M= 2), Table 5.8 shows that the overall items measuring self awareness among patients at Al Hussein Cancer Center was highly rated, with a mean value of (M= 2.43), implying a high degree of the influence of self-disclosure practice on increase self awareness concept among cancer patients at Al Hussein Cancer Center.

The researcher explains this result with the observation that patients are influenced by people around them and make their decisions based on opinions of these people. This is so because patient needs to reaffirm self through the feedback that is basically centered on reactions of those around him/her. The greater the feedback attained the higher is self-awareness.

Results related to question six:

6-Does self-disclosure has a role in strengthening relations with the medical team providing the service at the King Hussein Cancer Center?

To answer this question means, standard deviations and percentages were computed, in addition to agreement degree related to strengthening relations with the medical team providing the service at the King Hussein Cancer Center were rated and their respective mean values ranged between (2.82 – 2.88), being the highest mean for items (13 &14), which respectively refer to "I think when talk about attitudes towards those taking care of me will help interpersonal communication, I thinking talking about my attitudes towards the medical service will improve interpersonal communication quality", but the lowest mean was for item(3), which refer to "I think when talk satisfactorily about my

attitudes towards the quality of medical service provided that will enhance my relation with the medical professionals", implying high agreement degree.

The overall mean for self-disclosure have a role in strengthening relations with the medical team providing the service was highly rated, with a mean value of (M=2.86), the researcher explains this result with the observation that self-disclosure takes place within an open environment that facilitates information exchange, thereby strengthening sender-receiver relationship.

Results related to question seven:

7-Does self-disclosure leads to faster response to the treatment by patients at King Hussein Cancer Center?

To answer this question mean, standard deviation and percentage was computed, in addition to agreement degree related to faster response to the treatment by patients at King Hussein Cancer Center was rated , with a mean value of (M=2.78), implying high agreement degree.

Item (5), which refer to "I think when talk about my disease, fears and concerns I feel better and respond to medication faster" was highly rated, with a mean value of (M=2.78), Table 5.8 shows that the overall item measuring the response to the treatment by patients at King Hussein Cancer Center was highly rated, with a mean value of (M= 2.78), implying a high degree of the influence of faster response to the treatment by patients at King Hussein Cancer Center.

The researcher explains this result with the observation that patients are influenced by the faster response to the treatment by patients at King Hussein Cancer Center. This is so because disclosure, therefore, facilitates and enhances internal feelings and reduces tension experienced by the person; thereby increase response to the treatment quickly and in best way.

The overall mean for self-disclosure behavior among patients of King Hussein Cancer Center was highly rated, with a mean value of (M=2.72) regarding all dimensions.

Results related to question eight: Barriers of self-disclosure

What are the main obstacles that reduce the self-disclosure among cancer patients?

To answer this question was extracted frequencies, percentages for items impediment to self-disclosure practice among cancer patients at Al Hussein Cancer Center.

Table 5.9: Frequencies and percentages for impediments to self-disclosure practice, (n=420)

No.	Item	F*	%
1	Fear of rejection by other.	42	10.0
2	Fear of losing someone.	24	5.7
3	Fear others would view my character differently.	23	5.0
4	Fear of harming or abuse others.	74	17.0
5	Fear of relation change.	23	5.5
6	Fear that the medical staff denies fact.	10	2.4
7	Feeling distrust others in the Center.	16	3.8
8	Lack previous experience of self-disclosure.	7	1.7
9	Fear of disease complications.	14	3.3
10	Pathological or physical impediments hindering one's self-disclosure fearing community stigma.	100	23.8
11	Feeling unease due to painfulness.	11	2.6
12	Increased tension due to patient frustration.	107	25.5
13	Personality of health professionals providing the service.	111	26.4
14	Disease diffuses rate and development.	233	55.5
15	Drug side-effects such as feeling depressed or isolated.	102	24.3
16	Lack of use behavior and mental treatments supportive to patient such as relaxation, hypnosis to reduce pains severity.	22	5.2
17	Lack of adequate time for a patient to express personal views or feelings.	10	2.4
18	Lack of medical professionals with supportive psychological and mental training.	106	25.2

***Noting that the summation of frequencies was more than the total number of participants (n> 420), due to the participant can choose more than one option.**

To find out significance of impediments, the following scale was used:

- **Percentages of 67% or above correspond high significance degree.**
- **Percentages ranging between 33% and less than 67% correspond moderate significance level.**
- **Percentages of 33% or less correspond to a little significance level.**

Table 5.9 mentioned above ,shows that percentages for impediment to self-disclosure practice between (1.7%– 55.5%) being the highest percentages for item (14), which refers to "Disease diffuses rate and development" had a moderate significant degree (percentage=55.5%), but the lowest percentage was for item (8), which refers to "Lack previous experience of self-disclosure" had a little significant level (percentage=1.7%).

The researcher attributes this result to patient susceptibility regarding their health condition about which they practice self-disclosure. In addition, they usually tend less to talk about details, and prefer instead talk generally fearing from harm or embarrass the other.

The following item (7), which refers to "distrust in other" was rated a little significant level on impediments to self-disclosure scale; it is worth to note that this result was inconsistent with the general results from this study regarding this issue. However, distrust feeling at Al Hussein Cancer Center was viewed as a major impediment to self-disclosure despite patients rated this impediment insignificantly. While the other items were rated insignificantly, the general indication is that all items rated moderate degrees of significance altogether represent the hindrances impeding self-disclosure practice among cancer patients at Al Hussein Cancer Center.

Results related to question nine:

From your viewpoint, do you have any suggestions encouraging self-disclosure practice at Al Hussein Cancer Center would like to share?

There was a number of suggestions to encourage self-disclosure practice among cancer patients at Al Hussein Center as detailed below:-

1. Al Hussein Cancer Center is invited to organize social events out of the center so as to help patients build friendships and increase interpersonal interactions and encourage their self-disclosure practice.

2. It is necessary for Al Hussein Cancer Center to hold conference meetings with patients to allow them the opportunity to express their views and feelings towards the center and the medical service they receive, which will have a positive effect on practice of self-disclosure comfortably and confidently.

3. Al Hussein Cancer Center is well encouraged to recruit psychologists and councilors and other psychological therapists who are trained to provide cancer patients with the psychological support they need and conduct conference sessions, which will have a moral effect and encourage patients to stand for the disease and enhance their fast response to therapy.

It is worth to note that the researcher unable to make a comparison between the results of this study with other studies whether Arab or West that addressed self-disclosure, due to the absence of similar studies which investigated the assessment level of self-disclosure in cancer patients.

CHAPTER SIX

Results and Recommendations

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Results and Recommendations

6.1 Introduction

This chapter provides a brief description of results concluded by the present study as revealed by the data collected from the respondents and depending on their responses, and presets appropriate recommendations in light of results concluded.

6.2 Results Summary

This study seeked to evaluate the self-disclosure level among cancer patients at Al Hussein Cancer Center and concluded a number of results including:-

1. Results demonstrated that self-disclosure level among cancer patients at Al Hussein Cancer Center was moderate; while patient self-disclosure to doctor had the highest rating; followed by self-disclosure to nurse, and finally to other cancer patient which had the least self-disclosure rating.

2. Results indicated that the degree of self-disclosure related to disease issues in general was higher than self-disclosure of personal issues on all dimensions of the study.

3. Results revealed no statistically significant differences at the level ($\alpha \leq 0.05$) of self-disclosure among patients at King Hussein Cancer attributed to the following variables of the study (gender, age, cancer type, length of disease, and length of treatment).

4. Results revealed that self-disclosure practice had a high influence on decreasing fear and anxiety feelings among cancer patients at Al Hussein Cancer Center.

5. Results indicated that self-disclosure practice has influence at a high degree by increasing patient self-awareness at Al Hussein Cancer Center.

6. Results indicated that self-disclosure practice has influence at a high degree by increasing patient self-confidence, adaptability, and coup with the disease.

7. Results indicated that self-disclosure practice has influence at a high degree on strengthening the interrelationship between patients and medical professionals providing the service.

8. Results indicated that self-disclosure practice has influence at a high degree on fast response to medication by patient.

9. Results related to hindrances precluding self-disclosure among patients at Al Hussein Cancer Center indicated that only one item was rated with moderate degree of significance "Disease diffuses rate and development". The other hindrances were rated at a low significance degree.

6.3 Recommendations

This researcher suggests the following recommendations implied in the results concluded by this study:

1. To raise conscious of the health staff regarding self-disclosure concept, and providing them training on how to deal with that behavior practiced by cancer patients in order to create an environment encouraging self-disclosure behaviors, and hence reduce fear, anxiety feelings, increase self-confidence and fast response to medications.

2. The researcher recommends Al Hussein Cancer Center to pay greater attention to communication and soft skills in recruitment standards. Also, pay greater attention to behaviors of the medical professionals providing the service and concentrate on human resource issues in order to improve the quality of medical service provided.

3. Develop training courses for the medical professional providing service in order to develop their communication and interrelationship skills.

4. Al Hussein Cancer Center is called to study and analyze hindrances impeding self-disclosure practice and overcome them.

5. Al Hussein Cancer Center is encouraged to increase the time devoted for each patient by the supervising doctor to allow him/her more time to express feelings and views.

6. The researcher recommends fill the gap in studies addressing self-disclosure in general, and calls future studies to concentrate on self-disclosure at health service providing institutions in order to learn about the concept and practice of this approach.

7. The researcher recommends the educational sector in Jordan to pay greater attention to insert psychological concepts including self-disclosure concept within the university courses.

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Appendix 1: Questionnaire/English



Yarmouk University

Faculty of Economics & Management Sciences

Business Administration Department

Sir/Miss/Madam:

This researcher is undertaking an empirical study in partial fulfillment of the requirement of attaining Master in Business Administration Degree entitled (The assessment level of self-disclosure in Jordan : A case of cancer patients treated at King Hussein Cancer Center (KHCC)), please respond to questions as accurate, objective and clear as possible your responses will be helpful in this researching. I confirm that your responses will be dealt with secretly and will be used for scientific research purpose only, Noting that:

1- **Participating in this study is voluntary, and your decision will not affect the medical service you receive at Al Hussein Cancer Center.**

2- **The participation time per patient will range between 15-20 minutes, and there will be 500 participants.**

3- **There will be no risks or potential unease; and no financial rewards, remunerations or benefits for participation in this study.**

4- **This model was reviewed and approved by the Institutional Committee at Al Hussein Cancer Center. In case of any inquiry about this study or a specific question, or a difficulty related to this study, please feel free to contact Dr.Bassam Rajai at 5300460-Ext.2248 [Hospital], or Cellular Phone: 0777651252. In case of a general or specific inquiry regarding participation rights, please feel free calling the Institutional Committee on: 5300460-Ext. 1669. Your participation in this study and kind cooperation is gratefully appreciated, which will contribute to success of this study. Appreciate your cooperation which will help conclude accurate results.**

Best Regards,

Researcher
Areen Othman Al-Ta'ani

Supervisor
Prof. Jamal Abu Doleh
Professor of Human Resources Management
& Management Training Development

Noting that self-disclosure has been referred to in the present study as :

"The individual's intentional behavior in which one discloses his thoughts, feelings, needs and desires verbally to another person".

PART ONE: Demographics.

Following questions about demographics of participants, please put (X) in the suitable place:

Gender: ( ) Male ( ) Female

Age: ( ) 19-24 ( ) 25-35 ( ) 36-45 ( ) 46-55 ( ) 56 or more

Marital status: ( ) Single ( ) Married ( ) Widow ( ) other

Educational Level: ( ) General secondary education or less ( ) Diploma ( ) BA ( ) MA ( ) PhD

Cancer Type: ( ) Lung ( ) Brain ( ) Breast ( ) Cervical ( ) Colorectal ( ) Leukemia ( ) Oral ( ) Prostate ( ) Skin ( ) Uterine ( ) Testicular ( ) Ovarian ( ) Stomach ( ) Bone ( ) Pancreas ( ) Lymph glands

Length of Disease: ( ) Less than one year ( ) 1 - 5 yrs ( ) 6 - 10 yrs ( ) 10 or more

Length of Treatment: ( ) Less than one year ( ) 1 - 5 yrs ( ) 6 - 10 yrs ( ) 10 or more

PART TWO: Self Disclosure.

The columns to right have headings indicating persons with whom respondent shares talk, namely Doctor, Nursing staff, and other cancer patient.

Please read each item carefully and encircle the choice best describes your case for each (Doctor, Nursing staff, and other cancer patient).

(1) I talk elaborately with the other person.

(2) I talk less elaborately with the other person.

(3) I talk about myself untrue things.

(4) I never talk with others.

No.	Item	Self-disclosure with		
		Doctor	Nursing Staff	Other Cancer Patient
1	My hobby like reading, sports, etc.	1 2 3 4	1 2 3 4	1 2 3 4
2	Music & lyrics that are favorite and not favorite to me	1 2 3 4	1 2 3 4	1 2 3 4
3	My views in social issues like unemployment, poverty, expensive cost of life...etc.	1 2 3 4	1 2 3 4	1 2 3 4
4	Things abusive to me too much.	1 2 3 4	1 2 3 4	1 2 3 4
5	Things that make me annoyed or embarrassed to talk about.	1 2 3 4	1 2 3 4	1 2 3 4
6	My imperfections and how I feel with them.	1 2 3 4	1 2 3 4	1 2 3 4
7	When I have a health problem like a headache, or sleep disorder, etc.	1 2 3 4	1 2 3 4	1 2 3 4
8	If I need to improve my shape and health condition.	1 2 3 4	1 2 3 4	1 2 3 4
9	Things that make me feel depressed or very sad.	1 2 3 4	1 2 3 4	1 2 3 4
10	My history or sickness and depression.	1 2 3 4	1 2 3 4	1 2 3 4
11	Things that I like receive as a gift.	1 2 3 4	1 2 3 4	1 2 3 4
12	If I have debt or a financial obligation.	1 2 3 4	1 2 3 4	1 2 3 4
13	Pretty things in my life make me optimistic.	1 2 3 4	1 2 3 4	1 2 3 4

14	**Expense strategies whether on basic or luxurious things.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
15	**My intense need for money at present to meet my needs.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
16	**My personal goals and ambitions in my career life.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
17	**Things that make me feel proud and self-esteemed.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
18	**Things that make me feel anxious and scared about my health condition.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
19	**The feeling that I am accepted or declined by my community.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
20	**My feelings towards esteem and respect by others in the community.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
21	**Strengths that make me stronger in life situations.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
22	**Things make me bored and depressed in my life.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
23	**Difficulties & challenges faced during my sickness years.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
24	**My feelings about the best way of dealing with cancer patients by doctors.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
25	**My feelings towards my own disease, health condition and how serious is my case.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
26	**Weaknesses I feel towards my disease that prevent me ask questions or explanation about progress of my case.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
27	**How satisfied with the treatment and quality of medical service provided.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
28	**My feeling toward professional providing the medical service.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
29	**My general attitudes towards cancer patients.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
30	**I talk about my medical information about cancer, how interested I am in my health condition.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
31	**My feeling after Calisthenics and how satisfied about my fitness and relation with health condition.**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**
32	**I talk about my consciousness to causes of chronic**	**1 2 3 4**	**1 2 3 4**	**1 2 3 4**

	diseases like cancer.			
33	The talk about my interest in medical articles and programs.	1 2 3 4	1 2 3 4	1 2 3 4
34	The talk about my interest in having healthy food.	1 2 3 4	1 2 3 4	1 2 3 4
35	The talk about my religious beliefs, fate and destiny and its role in coping with the disease.	1 2 3 4	1 2 3 4	1 2 3 4

<u>The next table includes items about self-disclosure practice please put sign (X) in the appropriate place best describe your opinion:</u>

No.	Item	Very Highly Agree	Highly Agree	Moderately Agree	Highly Disagree	Very Highly Disagree
1	I believe when talk about exciting things in my life that will strengthens my relationship with those with whom I talk.					
2	I believe when talk about my disease that makes me more comfortable and self-confident.					
3	I think when talk satisfactorily about my attitudes towards the quality of medical service provided that will enhance my relation with the medical professionals.					
4	I think talking about things scaring me will make me relaxed regarding my health.					
5	I think when talk about my disease, fears and concerns I feel better and respond to medication faster.					
6	I think I feel relieved when talk about how I feel towards medical staff and service.					
7	I think I feel comfortable when talk about difficulties faced during treatment course at Al Hussein Cancer Center.					
8	I think my self-awareness will increase if talked about my feelings towards the medical staff and satisfaction about the medical service					

	provided.					
9	I think my self-awareness will increase if talked about my goals and ambitions in my practical life.					
10	I think my self-awareness will increase if talked about my disease and feelings under treatment.					
11	I think my self-awareness will increase if talked about my strengths in coping this disease.					
12	I think talking about attitudes towards best ways of dealing with patients by the medical staff will help improve the quality of service provided.					
13	I think when talk about attitudes towards those taking care of me will help interpersonal communication.					
14	I thinking talking about my attitudes towards the medical service will improve interpersonal communication quality.					

PART THREE: Hindrances of self-disclosure.

Put √ sign against the statement you believe describes an impediment to self-disclosure practice at Al Hussein Cancer Center (Notice: you can choose more than one statement if the case applies):

( ) Fear of rejection by other .

( ) Fear of losing someone.

( ) Fear others would view my character differently.

( ) Fear of harming or abuse others.

( ) Fear of relation change.

( ) Fear that the medical staff denies fact.

( ) Feeling distrust others in the Center.

( ) Lack previous experience of self-disclosure.

(   ) Community and cultural hindrances.

(   ) Fear of disease complications.

(   ) Pathological or physical impediments hindering one's self-disclosure fearing community stigma.

(   ) Feeling unease due to painfulness.

(   ) Increased tension due to patient frustration.

(   ) Personality of health professionals providing the service.

(   ) Disease diffuse rate and development.

(   ) Drug side-effects such as feeling depressed or isolated.

(   ) Lack of use behavior and mental treatments supportive to patient such as relaxation, hypnosis to reduce pains severity.

(   ) Lack of adequate time for a patient to express personal views or feelings.

(   ) Lack of medical professionals with supportive psychological and mental training.

(   ) Other hindrances, please specify ……………………………………………………………………………..

Use this space if you have and would like share any suggestions from your point of view to encourage self-disclosure behavior at Al Hussein Cancer Center:

………

………

<u>Your helpful cooperation is gratefully appreciated</u>

<u>Thank You</u>

Appendix 2: Questionnaire/Arabic

بسم الله الرحمن الرحيم



السيدات/السادة:

تقوم الباحثة بإجراء دراسة ميدانية لإستكمال متطلبات الحصول على درجة الماجستير في إدارة الاعمال والمعنونة بـ (تقييم مستوى الافصاح الذاتي في الاردن: دراسة حالة لمرضى السرطان في مركز الحسين للسرطان) لذا نرجو التكرم بالإجابة على هذه الإستبانة بكل دقة وموضوعية ووضوح للمساعدة في إتمام هذا البحث وأود أن أؤكد لكم أن إجاباتكم ستعامل بالسرية التامة ولن تستخدم إلا لإغراض البحث العلمي فقط ،مع العلم بأن :

*** أن المشاركة في هذه الدراسة طوعية ولن يؤثر قرارك بالرفض على تلقيك العلاج في مركزالحسين للسرطان.**

***وأن مدة المشاركة لكل مريض 15-20 دقيقة حيث أن عدد المشاركين في هذه الدراسة 500 مشارك.**

***وأنه لا يوجد مخاطر أو إنزعاجات محتملة أو تكاليف مشاركة أو مكافآت مالية أو تعويضات او بدائل عن المشاركة.**

***وأن هذا النموذج تم مراجعته والموافقة عليه من قبل اللجنة المؤسسية في مركزالحسين للسرطان وفي حالة وجود أي استفسار عن الدراسة أو أسئلة محددة تتعلق بهذه الدراسة وفي حال حدوث اي مضاعفات تتعلق بالدراسة نرجو الاتصال بـ د.بسام رجائي على هاتف رقم(المستشفى) 5300460 تحويلة رقم 2248 أوجهاز خلوي 0777651252 ، وفي حالة وجود أي أسئلة عامة أو أسئلة محدّدة تتعلق بحقوق المشارك عليك الاتصال باللجنة المؤسسية على هاتف رقم 5300460 فرعي 1669 ، شاكراً ومقدراً لجهودكم الكريمة مسبقاً وتعاونكم الذي سيكون له الأثر الواضح في إنجاح هذه الدراسة.**

وتفضلوا بقبول فائق الاحترام

الدكتور المشرف :
أ.د.جمال أبودوله
أستاذ إدارة الموارد البشرية والتدريب

الباحثة :
عرين عثمان الطعاني

مع العلم بأن الافصاح الذاتى يقصد به فى هذه الدراسة بأنه :" السلوك الذى يقوم به الفرد متعمداً بالكشف عن نفسه شفوياً للشخص الآخر، متضمناً الأفكار والمشاعر والحاجات والرغبات"

الجزء الاول : المعلومات الشخصية

فيما يلى أسئلة المعلومات الشخصية يرجى وضع إشارة × فى الخيار المناسب.

الجنس: ( ) ذكر ( ) أنثى

العمر: ( )19 -24 سنة ( ) 25-35 سنة ( )36-45 سنة ( ) 46-55 سنة ( ) 56 سنة فأكثر

الحالة الاجتماعية : ( )أعزب ( ) متزوج ( ) أرمل ( ) غير ذلك

المستوى التعليمي : ( ) توجيهي فما دون ( ) دبلوم ( ) بكالوريوس ( ) ماجستير ( ) دكتوراة

نوع السرطان : ( ) رئة ( ) مخ ( ) ثدي ( ) عنق الرحم ( ) القولون والمستقيم ( ) الدم ( ) الفم ( )البروستات ( ) الجلد ( ) الرحم ( ) الخصيتين ( ) المبايض ( ) المعدة ( ) الغدد اللمفاوية ( ) العظام ( ) البنكرياس

مدة المرض : ( ) اقل من سنة ( ) سنة – 5 سنوات ( ) 6سنوات – 10 سنوات ( ) أكثر من 10سنوات

مدة العلاج : ( ) اقل من سنة ( ) سنة – 5 سنوات ( ) 6سنوات – 10 سنوات ( ) أكثر من 10سنوات

الجزء الثانى : الافصاح الذاتى

على الجانب الايسر من فقرات الإستبانة أعمدة روست بكلمات ذات دلالة على الاشخاص الذين يشاركونك في النقاش وهم الطبيب و الكادر التمريضي أو أي مريض سرطان آخر.

لطفا العمل على قراءة كل فقرة من فقرات الاستبانة مع وضع دائرة على رقم الخيار المناسب من الخيارات التالية لكل من الطبيب والممرض واي مريض سرطان اخر :

(1)- أتحدث بتفصيل تام مع الطرف الآخر.

(2)-أتحدث بشكل عام بدون ذكر تفاصيل مع الطرف الآخر.

(3)- أتحدث عن نفسي بطريقة غير حقيقية ولا تعكس واقعي ابداً.

(4)- لا أتحدث أبداً مع الطرف الآخر .

الرقم	الفقرة	مع الطبيب	مع الكادر التمريضي	مع مريض سرطان آخر
1	هواياتي كالقراءة والمطالعة والرياضة .... الخ .	1 2 3 4	1 2 3 4	1 2 3 4
2	الموسيقى والاغاني التي أفضلها والتي لا أفضلها.	1 2 3 4	1 2 3 4	1 2 3 4
3	أرآئي في القضايا الاجتماعية كالبطالة والفقر وغلاء المعيشة ..... الخ .	1 2 3 4	1 2 3 4	1 2 3 4
4	الاشياء التي تؤذي مشاعري كثيراً.	1 2 3 4	1 2 3 4	1 2 3 4
5	الاشياء التي ينتابني الضيق والحرج في التعبير عنها.	1 2 3 4	1 2 3 4	1 2 3 4
6	ما أدركه في شخصيتي من عيوب ونقائص وكيف أشعر نحوها.	1 2 3 4	1 2 3 4	1 2 3 4
7	اذا كنت اعاني من اية مشكلة صحية كالصداع او اضطرابات النوم او اي نوع من انواع الآلآم.	1 2 3 4	1 2 3 4	1 2 3 4
8	إذا كنت أعمل على تحسين مظهري ورفع مستواي الصحي.	1 2 3 4	1 2 3 4	1 2 3 4
9	الاشياء التي تجعلني أشعر بالاكتئاب أو الحزن الشديد.	1 2 3 4	1 2 3 4	1 2 3 4
10	سجلي الماضي المتعلق بالمرض والاكتئاب.	1 2 3 4	1 2 3 4	1 2 3 4
11	الاشياء التي أفضل أن تقدم لي كهدايا.	1 2 3 4	1 2 3 4	1 2 3 4
12	اذا كان علي دين او التزمات مادية.	1 2 3 4	1 2 3 4	1 2 3 4
13	الاشياء الممتعة في حياتي والتي تعطيني شعور بالتفاؤل.	1 2 3 4	1 2 3 4	1 2 3 4
14	استراتيجيات الانفاق بالنسبة لي سواء كانت للضروريات او للكماليات.	1 2 3 4	1 2 3 4	1 2 3 4
15	حاجتي الماسة للمال في الوقت الحاضر لقضاء حاجتي الشخصية.	1 2 3 4	1 2 3 4	1 2 3 4
16	أهدافي وطموحاتي الخاصة بحياتي العملية.	1 2 3 4	1 2 3 4	1 2 3 4
17	الاشياء التي تجعلني فخورا بنفسي ومقدرا لها.	1 2 3 4	1 2 3 4	1 2 3 4
18	الاشياء التي تجعلني أشعر بالقلق والخوف تجاه حالتي الصحية.	1 2 3 4	1 2 3 4	1 2 3 4
19	شعور بأنني مقبول او مرفوض من المجتمع المحيط بي.	1 2 3 4	1 2 3 4	1 2 3 4

20	مشاعري نحو تقدير واحترام الآخرين لي في المجتمع المحيط بي.	1 2 3 4	1 2 3 4	1 2 3 4
21	مواطن القوة التي تجعلني اكثر قوة في حياتي .	1 2 3 4	1 2 3 4	1 2 3 4
22	الاشياء التي تشعرني بالملل والاكتئاب في حياتي .	1 2 3 4	1 2 3 4	1 2 3 4
23	الصعوبات والتحديات التي أواجهها في مسيرتي المرضية.	1 2 3 4	1 2 3 4	1 2 3 4
24	مشاعري حول الطريقة الفضلى نحو طريقة تعامل الطبيب مع مرضى السرطان.	1 2 3 4	1 2 3 4	1 2 3 4
25	شعوري اتجاه مرضي وحالتي الصحية ومدى تطور حالتي.	1 2 3 4	1 2 3 4	1 2 3 4
26	مواطن الضعف التي اشعر بها تجاه مرضي التي تمنعني من السؤال وطلب الايضاح اكثراتجاه تطور حالتي المرضية.	1 2 3 4	1 2 3 4	1 2 3 4
27	مدى شعوري بالرضا عن طريقة علاجي و عن مستوى الخدمة الطبية المقدمة.	1 2 3 4	1 2 3 4	1 2 3 4
28	شعوري اتجاه الاشخاص للمقدمين للخدمة الطبية.	1 2 3 4	1 2 3 4	1 2 3 4
29	شعوري اتجاه مرضى السرطان بشكل عام.	1 2 3 4	1 2 3 4	1 2 3 4
30	اتحدث عن معلوماتي الطبية حول مرض السرطان ومدى إهتمامي بحالتي الصحية.	1 2 3 4	1 2 3 4	1 2 3 4
31	شعوري بعد القيام بالتمارين الرياضية ومدى رضاي عن مستوى لياقتي وعلاقته بتحسن حالتي الصحية.	1 2 3 4	1 2 3 4	1 2 3 4
32	اتحدث عن مستوى وعيي بمسببات الامراض المستعصية مثل السرطان.	1 2 3 4	1 2 3 4	1 2 3 4
33	التحدث عن مدى إهتمامي بالمقالات والبرامج الطبية.	1 2 3 4	1 2 3 4	1 2 3 4
34	التحدث عن إهتمامي بتناول الاطعمة الصحية .	1 2 3 4	1 2 3 4	1 2 3 4
35	التحدث عن معتقداتي الدينية وايماني بالقضاء والقدر ومدى تأثيره في مواجهة المرض.	1 2 3 4	1 2 3 4	1 2 3 4

الجدول التالي يتضمن فقرات تتعلق بسلوك الافصاح الذاتي يرجى وضع إشارة × في المكان الذى يعبرعن رأيك :

الرقم	الفقرة	أوافق بدرجة عالية جداً	أوافق بدرجة عالية	أوافق بدرجة متوسطة	غير موافق بدرجة عالية	غير موافق بدرجة عالية جداً
1	أعتقد أنني عندما أتحدث عن الاشياء الممتعة في حياتي فإن ذلك سيؤدي الى تقوية علاقتي مع الاشخاص الذين أتحدث معهم.					
2	أعتقد أنني عندما أتحدث عن مرضي فإن ذلك يجعلني أكثر ارتياحاً وأكثر ثقة بنفسي .					
3	أعتقد أنني عندما اتحدث عن مشاعري اتجاه مستوى الخدمة الطبية المقدمة فان ذلك سيؤدي الى تقوية علاقتي بالكادر الطبي.					
4	أعتقد أنني سأشعر بالراحة عندما أتحدث عن الاشياء التي تشعرني بالخوف والقلق اتجاه حالتي الصحية.					
5	أعتقد أنني عندما أتحدث عن مرضي وما أواجه من قلق وخوف أشعر بأنني أتحسن وأستجيب للعلاج بصورة أسرع.					
6	أعتقد بأنني أشعر بالراحة عندما أتحدث عن شعوري اتجاه الكادر الطبي والخدمة المقدمة .					
7	أعتقد بأنني أشعر بالراحة عندما أتحدث عن الصعوبات التي أواجهها أثناء تلقي العلاج في مركز الحسين للسرطان.					
8	أعتقد أنه سيزيد أدراكي لذاتي اذا تحدثت عن شعوري اتجاه الكادر الطبي ومدى رضاي عن مستوى الخدمة الطبية المقدمة لي.					
9	أعتقد أنه سيزيد أدراكي لذاتي اذا تحدثت عن اهدافي وطموحاتي الخاصة بحياتي العملية .					
10	أعتقد أنه سيزيد أدراكي لذاتي اذا تحدثت عن مرضي وما أشعر به خلال فترة العلاج.					
11	أعتقد أنه سيزيد أدراكي لذاتي اذا تحدثت عن مواطن قوتي في مواجهة هذا المرض.					

12	أعتقد انه اذا تحدثت عن شعوري نحو أفضل الطرق التي يجب أن يتعامل بها الكادر الطبي مع المرضى فان ذلك سيحسن من جودة الخدمة المقدمة.					
13	أعتقد انه اذا تحدثت عن شعوري اتجاه الاشخاص الذين يشرفون على علاجي فان ذلك سيحسن من جودة التواصل بيننا.					
14	أعتقد انه اذا تحدثت عن شعوري اتجاه الخدمة الطبية المقدمة فان ذلك سيحسن من جودة التواصل بيننا .					

الجزء الثالث: معوقات الافصاح الذاتي

يرجى وضع إشارة √ أو أكثر في إشارة لكل عبارة تعتقد أنها تشكل عائقاً أمام ممارسة سلوك الافصاح الذاتي في مركز الحسين للسرطان : (ملاحظة : يمكن وضع أكثر من إشارة √ أمام العوائق المذكورة في حال وجود أكثر من عائق).

( ) الخوف من رفض الآخرين.

( ) الخوف من خسارة الآخرين.

( ) الخوف من تغير إنطباع الآخرين عن شخصيتي.

( ) الخوف من إيذاء الآخرين أو جرحهم.

( ) الخوف من تغير العلاقة.

( ) الخوف من رفض الكادر الطبي معرفة الحقيقة.

( ) عدم الشعور بالثقة بالآخرين في المركز .

( ) عدم ممارسة سلوك الافصاح الذاتي مسبقاً.

( ) عوائق ثقافية ومجتمعية.

( ) الخوف من تطور الحالة المرضية.

( ) عوائق مرضية أو جسدية تمنع الشخص من الإفصاح الذاتي خوفاً من النظرة المجتمعية.

( ) عدم الشعور بالإرتياح بسبب الآلم.

( ) زيادة نسبة التوتر بسبب الإحباط المصاب به المريض.

( ) طبيعة شخصية الكادر الطبي المقدم للخدمة.

( ) سرعة إنتشار المرض وتطور مراحله.

( ) الإعراض الجانبية للأدوية مثل الشعور بالإكتئاب والعزلة.

( ) عدم إستخدام علاجات ذهنية وسلوكية داعمة للمريض مثل الإسترخاء والتنويم المغناطيسي لتقليل من حدة الآلم.

( ) عدم توافر الوقت الكافي لإعطاء المريض فرصة لإبداء آرائه ومشاعره.

(   ) عدم توافر فريق طبي مدرب ومؤهل للدعم النفسي والذهني.

(   ) معيقات أخرى يرجى ذكرها ....

اذا لديك أي إقتراحات تشجع سلوك الافصاح الذاتي داخل مركز الحسين للسرطان من وجهة نظرك يرجى مشاركتنا بها :

....

شكرا جزيلا لاهتمامكم ومساعدتكم .

Appendix 3: Caring program

Caring Program

Caring Program is a pioneering free program for social solidarity designed by Al Hussein Cancer Center in Jordan 1997. This program offers its patient members the opportunity to receive medical service and health benefits at one of the outstanding and internationally renowned centers for treating cancer based on most up-to-date medical technologies and state of the art in the world for only a token amount as annual subscription fee.

Subscription Fee

Age Group	Annual Fee Only One JOD			
	10,000 Coverage	15,000 Coverage	20,000 Coverage	30,000 Coverage
0-34 Years	13	19	25	50
35-49 Years	33	48	65	100
50-64 Years	58	85	115	200
65 Years or above	85	130	175	400

Why Caring Program?

Caring Program is distinguished from other programs from the following advantages:

- **Assures medical treatment at Al Hussein Cancer Center the sole center in the region accredited by JCI to provide quality medical treatment for cancer patients.**
- **Offer various coverage benefits for different patient populations**
- **Provides quality service for cancer patients irrespective of their nationality, or age if patient has no cancer history.**

- **Comprehensive coverage benefits including varied listing of medical service and medications regardless which insurance year applies.**

- **No need for medical forms, application, or approvals or prescribed medical processes by a doctor.**

- **Annual free clinical diagnose at Hussein Cancer Center "Outpatient Clinic for Early Diagnose".**

- **Twenty per cent discount on x-ray imaging and laboratory test bills for non-patient members at Al Hussein Cancer Center.**

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ABSTRACT/ARABIC

ملخص الرسالة



تقييم مستوى الافصاح الذاتى فى الاردن: دراسة حالة لمرضى السرطان فى مركز الحسين للسرطان

إشراف أستاذ إدارة الموارد البشرية والتدريب : أ.د. جمال أبو دوله

عرين عثمان الطعانى

جامعة اليرموك

رسالة ماجستير

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هدفت هذه الدراسة الى تقييم مستوى الافصاح الذاتي لدى مرضى السرطان في مركز الحسين للسرطان ودرجة ممارسة هذا السلوك مع مقدمين الخدمة الطبية ، ومعرفة الفوائد العائدة من ممارسة مثل هذا السلوك و التعرف على أهم المعيقات التي تقف أمام ممارسة سلوك الافصــاح الذاتي لدى مرضى السرطان . وقد تم تحديد النتــائج بناءاً على إستبانه تم توزيعهـا على عينة الدراسة والمـكونـة من (420) مريض بالغ في مركز الحسين للسرطان،حيث تم إسترجـاعها من أصل (500) إستبـانه وزعت أي بنسبـة إسترداد بلغت 84%.وفي ضوء ذلك جرى جمـع وتحـليل البيانات باستخدام الحزمة الإحصائية للعلوم الاجتماعية.

وبعد إجراء عملية التحليل لبيانات الدراسة، توصلت الدراسة الى عدد من النتائج أبرزها: أن مستـــوى الافصاح الذاتي لدى مرضى السرطان في مركز الحسين للسرطان كان بدرجة متوسطـة إلا أن درجة الافصاح الذاتي لمريض السرطـان كانت الأعلى مع الطبيب، ثم الممـرض ،وكانت أقل درجة إفصـاح لصـالح مرضى السرطان بشكـل عـام.وأظهرت النتـائج أن درجة الافصــاح الذاتي المتعلقة بمرض السرطـان بشكل عام أعلى من درجة الافصاح الذاتي المتعلقة بالأمور الشخصية لجميع أبعاد الدراسة.

وبالإضافة إلى ذلك ،أشارت النتـائج الى عدم وجود فروق ذات دلالة إحصائية لدرجة الافصــاح الذاتي ككـل تعزى للمتغيرات التـالية: (الجنس، العمر، نوع السرطان ،مدة المرض ، مدة العلاج) ،بينما تبين وجود فروق ذات دلالة إحصائية لمتغير الحالة الاجتماعية لصـالح الآرامل ،ولمتغير المستوى التعليمي لصالح حاملي درجة البكالوريوس.وأيضاً بينت النتائج أن ممارسة سلوك الافصــــاح الذاتي له تأثير بدرجة عالية في تخفيف من مشاعر الخوف والقـلق ، وفي إدراك الفرد لنـفسه،وفي تقوية ثقة المرضى بأنفسهم وقدرتـهم على التكيف مع المرض ومواجهته، وفي تقوية العلاقات بين المرضى والكـادر الطبي المقدم للخدمة،وفي إستـجابة المريـض للعلاج بطريقة أســرع لدى مرضى الســرطان في مركز الحســـين للسرطان. وبينت النتائج المتعلقة بالمعيقـات التي تحول دون ممـارسة سلوك الافصاح الذاتي لدى مرضى السرطان في مركز الحسين للسـرطان،أن فقرة واحدة حصلت على درجة أهميــة متوســـطة وهي (سرعة إنتشار المرض وتطور مراحله)، وفيما يتعلق بباقي المعيقات فقد حصلت على درجة أهمية قليلة .

وقد خلصت الدراسة إلى مجموعة من التوصيات من أهمها: ضرورة توعية الكوادر الطبية لمفهوم الافصاح الذاتي ، وتدريبهم على كيفية التعامل مع مثل هذا السلوك لدى مرضى السرطان،حتى يتمكنوا من خلق بيئة تشجع المرضى على ممارسة هذا السلوك لما له من أثر في تقليل مشاعر الخوف والقلق لديهم وزيادة ثقتهم بأنفسهم وإستجـابتهم للعـلاج بصورة أسرع. بالإضــافة إلى ذلك توصي الباحثة بضرورة إهتمام مركز الحسين للســرطان بمهــارات الإتصال الأســـاسية في معايير التوظيف وأيضاً بسلوكيـات الكـــادر الطــبي المقدم للخدمة والتركيز على المــواضيع التي تتعلق بإدارة الموارد الإنســـانية بينهم،لمـا له من أثر في تحسين جــودة الخدمة الطبية المقدمة، وإعداد برامج تدريبية للكــادر الطبي المقدم للخدمة بهدف تطوير مهارات الإتصــــال مع الآخرين. وإضـــافة الى ذلك، دراســـة وتحــليل المعيقــــات التي تحول دون ممارســـة سلوك الافصاح الذاتي في المركز والعمــل على تفاديها.

وكـانت آخـر التوصيـات: زيادة الوقت المـخصص لكل مريض مع الطبيب المشـرف عليه وذلك لإعطائه الفرصـة للتعبير عن آرائـه ومشاعره.و بضرورة سد الفجوة في الدراسـات التي تتناول موضوع الإفصــاح الذاتي بشكـل عام، وأيضاً التركيز أكثر على الدراسـات التي تتناول هذا المفهوم في المؤسسات المقدمة للخدمة الطبية، بهدف التعرف بشكل أوسع على أبعاد هذا المفهوم والعمل على تطـبيقه وتوصي الباحثة أيضاً القطاع التعليمي في الأردن إلى زيادة الإهتمام بإدخال المفــاهيم النفسية بما في ذلك مفــهوم الكشف الذاتي ضمن المساقات الجامعية.

الكلمــات المفتــــاحية : الإفصــاح الذاتــي ،التوتر ،القلق ،الرعاية الصحية، الســرطان ، المرضى ، مركـز الحســين للسرطان،جامعة اليرموك، الأردن.